

No. C 181077	Due no later than Dec 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SPAY NEUTER CLINIC, INC TAMMY FAULKNER DVM 1172 FLANNIGAN CREEK RD VIOLA ID 83872		TAMMY FAULKNER DVM 1172 FLANNIGAN CREEK RD VIOLA ID 83872			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	DORRIS WALKER	P. O. BOX 603	POTLATCH	ID	USA	83855
PRESIDENT	LAURIE STONE	360 S. GRAND	PULLMAN	WA	USA	99763
5. Organized Under the Laws of: ID C 181077	6. Annual Report must be signed.* Signature: Tammy Faulkner Name (type or print): Tammy Faulkner		Date: 10/12/2010 Title: Executive Director			
Processed 10/12/2010		* Electronically provided signatures are accepted as original signatures.				