No. C 107147		Due no later than Jul 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TIM COCHNAUER 20280 HOMESTEAD LOOP LEWISTON ID 83501			
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.						
		WILD ANIMAL REHABILITATION OF IDAHO, INCORPORATED TIM COCHNAUER 20280 HOMESTEAD LOOP LEWISTON ID 83501 USA						
				3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nam	nes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TIM COCHNA			20280 HOMESTEAD LOOP	LEWISTON	ID	USA	83501	
DIRECTOR AME' COCHI			20280 HOMESTEAD LOOP	LEWISTON	ID	USA	83501	
DIRECTOR GREGG SERV		VHEEN	2027 GRELLE AVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tim		Date: 06/08/2011				
C 107147		Name (type or		Title: Director				
Processed 06/08/2011		Electronically provided signatures are accepted as original signatures.						