No. W 108929		Due no later than Dec 31, 2013	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		KRISTA PORTER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if need SPRINGWATER VETERINARY SERVICES LLC KRISTA PORTER 8421 N VOGT HAUSER ID 83854		8421 N VOGT HAUSER ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER KRISTA POR		RTER 8421 VOGT		HAUSER	ID	USA	83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Krista porter		Date: 01/05/2014			
W 108929		Name (type or print): Krista porter		Title: Owner			
Processed 01/05/2014 * Electronically provided signatures are accepted as original signatures.							