

No. W 21849		Due no later than Dec 31, 2014 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		1. Mailing Address: Correct in this box if needed. KIMBERLY VETERINARY HOSPITAL, P.L.L.C. DAVID G CLARK 22340 KIMBERLY RD KIMBERLY ID 83341-5045 USA		DAVID CLARK 3823 N 3500 E KIMBERLY 83341			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CLARK VETERINARY SERVICE PC	3823 N 3500 E	KIMBERLY	ID	USA	83341	
MEMBER	DAVID G CLARK	3823 N 3500 E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID W 21849		6. Annual Report must be signed.* Signature: David Clark Name (type or print): David Clark					
		Date: 11/03/2014 Title: Member					
Processed 11/03/2014		* Electronically provided signatures are accepted as original signatures.					