

No. W 142083	Due no later than Sep 30, 2016 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. PARAMOUNT ANIMAL CARE, LLC MARK A FINEMAN 1576 W DEER CREST ST STE 110 MERIDIAN ID 83646	MARK A FINEMAN 1576 W DEER CREST ST STE 110 MERIDIAN ID 83646	
		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
MANAGER	MARK A FINEMAN	8856 W. DESERT EDGE DR.	BOISE ID USA 83709
5. Organized Under the Laws of: ID W 142083	6. Annual Report must be signed.* Signature: Mark A. Fineman Name (type or print): Mark A. Fineman		Date: 09/01/2016 Title: DVM/Owner
Processed 09/01/2016		* Electronically provided signatures are accepted as original signatures.	