

No. <b>C 95203</b>		<b>Due no later than May 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SNAKE RIVER VETERINARY HOSPITAL, P.A. HOWARD R. TILLQUIST 1950 S. LINCOLN JEROME ID 83338		HOWARD R. TILLQUIST 1950 S. LINCOLN JEROME ID 83338			
						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	
PRESIDENT	HOWARD R TILLQUIST	803 16TH AVE E	JEROME	ID	USA	83338	
SECRETARY	PAULA TILLQUIST	803 16TH AVE E	JEROME	ID	USA	83338	
5. Organized Under the Laws of:  <b>ID C 95203</b>		6. Annual Report must be signed.*  Signature: LeRoy Hayes Name (type or print): LeRoy Hayes					
		Date: 04/25/2016 Title: CPA					
Processed 04/25/2016		* Electronically provided signatures are accepted as original signatures.					