| No. <b>C 126045</b>  |               | Due no later than Oct 31, 2014   |   | 2. Registered                             | 2. Registered Agent and Address (NO PO BOX)   |         |             |  |
|--|---------------|--|---|---|---|---------|-------------|--|
| Return to:   |               | Annual Report Form   |   | 10150-000-00-00 - 100-00-00-0 - 100-00-00 | STEPHEN HARDY 7390 MOON VALLEY RD EAGLE ID 83616  3. New Registered Agent Signature:* |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |               | 1. Mailing Address: Correct in this box if needed.  H BAR H VETERINARY CLINIC, PC STEPHEN HARDY 7390 MOON VALLEY RD EAGLE ID 83616 |   | EAGLE ID                                  |   |         |             |  |
| NO FILIN<br>RECEIVED BY  | DUE DATE      | noss Addrossos o   | f President, Secretary, and Directors. Treasu | urar (antional)                           |   |         |             |  |
| Office Held  | Name          | less Addresses o   | Street or PO Address                          | City                                      | State   | Country | Postal Code |  |
| PRESIDENT  | STEPHEN HARDY |  | 7390 MOON VALLEY ROAD                         | EAGLE                                     | ID  | USA     | 83616       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Repo   | rt must be signed.*                           |   |   |         |             |  |
| ID   |               | Signature: Stephen Hardy   |   | Date: 09/3                                | Date: 09/30/2014  |         |             |  |
| C 126045   |               | Name (type or print): Stephen Hardy  |   | Title: Pres                               | Title: Pres, CEO, Sec & Treas.  |         |             |  |
| Processed 09/30/201  | .4            | * Electronically   | provided signatures are accepted as original  | signatures.                               |   |         |             |  |