No. <b>C 184389</b>			2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:	turn to: Annual Report Form		The second secon	C SESSIONS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  SESSIONS VETERINARY, P.C. STANLEY C SESSIONS 350 E. LINDEN			350 E. LINDEN BOISE ID 83706-4900			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE II				
	BOISE ID 83706-4900		3. <u>New</u> Regi	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 STANLEY C	SESSIONS	350 E. LINDEN	BOISE	ID	USA	83706-4900	
5. Organized Under the Laws of:	6. Annual Repo	rt must be signed.*					
ID	Signature: S	tanley C. Sessions		Date: 07/31/2015			
C 184389	C 184389 Name (type or print): Stanley C. Sessions			Title: President			
Processed 07/31/2015	* Electronically provided signatures are accepted as original signatures.						