No. C 108689		Due no		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		SUSILA R BALES				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANIMAL CLINIC AND HOSPITAL, P.A. SUSILA R. BALES 1222 LOGAN MOSCOW ID 83843 USA			1222 S LOGAN ST MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Trea	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT DIRECTOR SECRETARY	ECTOR SUSILA R. BALES		1222 S. LOGAN ST 1222 S. LOGAN ST 1222 S. LOGAN ST		MOSCOW MOSCOW MOSCOW	ID ID ID	USA USA USA	83843 83843 83843
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 108689		Signature: JOHN A BALES			Date: 10/31/2017			
		Name (type or print): JOHN A BALES			Title: SECRETARY			
Processed 10/31/2017	ed 10/31/2017 * Electronically provided signatures are accepted as original signatures.							