

<b>No. W 25646</b>	<b>Due no later than 8/31/2009 Annual Report Form</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET 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>		SHARI CARNAHAN 1010 TRAVIS RD POTLATCH ID 83855	
	NORTH PALOUSE VETERINARY CLINIC LLC 1010 TRAVIS RD POTLATCH ID 83855		<b>3. New Registered Agent Signature:</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.</b>				
Office Held	Name	Street or PO Address	City	State Zip
manager/member	Shari Carnahan	1010 TRAVIS RD	Potlatch	ID 83855
<b>5. Organized Under the Laws of:</b>  <b>ID W 25646</b>		<b>6. Annual Report must be signed.</b>		
		Signature: <u>Shari Carnahan</u>	Date: <u>3 Aug 2009</u>	
		Name(type or print): <u>Shari Carnahan</u>	Title: <u>member</u>	