

No. W 25646		Due no later than 8/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTH PALOUSE VETERINARY CLINIC LLC 1010 TRAVIS RD POTLATCH ID 83855		SHARI CARNAHAN 1010 TRAVIS RD POTLATCH ID 83855	
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New Registered Agent Signature:</u>	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Zip
manager/member	Shari Carnahan	1010 Travis Rd	Potlatch	ID	83855
5. Organized Under the Laws of: ID W 25646		6. Annual Report must be signed. Signature: <u>Shari Carnahan</u> Name(type or print): <u>Shari Carnahan</u> Date: <u>3 Aug 2009</u> Title: <u>member</u>			

Issued 7/27/2009 by SLD

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