

| | | | | | | | |
|--|----------------------|--|--|--|-------------|----------------|----------------------|
| No. W 88846 | | Due no later than Dec 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. A PURR-FECT ALTERNATIVE PLLC TARA C KOBLE 3001 N 30TH ST. BOISE ID 83703 | | TARA KOBLE 3001 N 30TH ST. BOISE ID 83703 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name TARA C KOBLE | Street or PO Address 3001 N 30TH ST. | | City BOISE | State ID | Country USA | Postal Code 83703 |
| 5. Organized Under the Laws of: ID W 88846 | | 6. Annual Report must be signed.* Signature: Tara Koble Name (type or print): Tara Koble Date: 11/27/2017 Title: DVM/Owner | | | | | |
| Processed 11/27/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |