

No. <b>J 2087</b>		<b>Due no later than Jun 30, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		TODD E WELLS 4194 N 1380 E BUHL ID 83316			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		WEST END VETERINARY CLINIC LLP TODD E WELLS 4194 N 1380 E BUHL ID 83316					
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	TODD WELLS, D.V.M.	4194 N 1380 E	BUHL	ID	USA	83316	
PARTNER	JENNIFER GLASS	4194 N 1380 E	BUHL	ID	USA	83316	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID J 2087</b>		Signature: Genaura Wells			Date: 05/01/2018		
		Name (type or print): Genaura Wells			Title: Bookkeeper		
Processed 05/01/2018		* Electronically provided signatures are accepted as original signatures.					