

No. W 508		Due no later than Sep 30, 2011		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. KINDNESS SMALL ANIMAL MEDICAL CENTER, P.L.L.C. KENNETH L KALBFLEISCH DVM 1803 12TH AVE RD NAMPA ID 83686 USA		KENNETH L KALBFLEISCH DVM 1803 12TH AVE RD NAMPA ID 83686				3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
MEMBER	KENNETH L KALBFLEISCH DVM	1309 CAMELOT DR	NAMPA	ID	USA	83651			
5. Organized Under the Laws of: ID W 508		6. Annual Report must be signed.* Signature: Kenneth L Kalbfleisch Name (type or print): Kenneth L Kalbfleisch				Date: 07/21/2011 Title: Member			
Processed 07/21/2011		* Electronically provided signatures are accepted as original signatures.							