No. <b>C 91052</b>		and the state of t			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  NORTHGATE VETERINARY HOSPITAL, P.A. LESLIE H. STONE D.V.M. 700 NORTH WABASH			LESLIE H. STONE D.V.M. 700 NORTH WABASH IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE			.S ID 83401		3. New Registered Agent Signature:*			
200 100 1	es and Busin Name	ess Addresses (	of President, Secretary, and Directors. Tr Street or PO Address	reasurer (	Optional).	State	Country	Postal Code
PRESIDENT LESLIE H ST		ΓONE	700 NORTH WABASH		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:  ID  C 91052		6. Annual Report must be signed.* Signature: Leslie H. Stone DVM Name (type or print): Leslie H. Stone DVM			Date: 12/28/2015 Title: President			
Processed 12/28/2015 * Electronically provided signatures are accepted as original signatures.								