No. W 5305		Due no later than Jan 31, 2014		2	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. SOUTH FORK ANIMAL CLINIC, L.L.C. KLIFF BRAMWELL 3852 E 300 N RIGBY ID 83442		_	KLIFF BRAMWELL 3852 E 300 N RIGBY ID 83442 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar			t least one Member or Manager.		. <u>New</u> Regist	ered Agene 31	gnature.	
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	1ANAGER KLIFF BRAMWELL		3852 E 300 N		RIGBY	ID	USA	83442
5. Organized Under the Laws of: ID W 5305		6. Annual Report must be signed.* Signature: Beverly Bramwell Name (type or print): Beverly Bramwell			Date: 11/29/2013 Title: Office Manager			
Processed 11/29/2013 * Electronically provided signatures are accepted as original signatures.								