No. **W 67185**	**Due no later than Oct 31, 2018** **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.** ANIMAL HEALING CENTER P.L.L.C. PATRICIA A SARAS, DVM 5500 W EMERALD BOISE ID 83706	LYNLEE SMITH 5500 W EMERALD ST BOISE ID 83706 3. New 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	PATRICIA SARAS	1158 N DALTON AVE	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67185**	Signature: Lynlee Smith	Date: 09/24/2018
	Name (type or print): Lynlee Smith	Title: Agent

Processed 09/24/2018

* Electronically provided signatures are accepted as original signatures.