No. C 125811	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012	2. Registered Agent and Office **(NOT A P.O. BOX)** JOHN A SFINGI 300 S 129 E JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT FEE DUE: $30.00**	1. **Mailing Address: Correct in this box if needed.** SUMMIT LARGE ANIMAL CLINIC, P.A. JOHN A SFINGI 300 S 129 E JEROME ID 83338	3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	John Sfingi	300 S 129 E	Jerome, ID			83338

5. Organized Under the Laws of:	6.
IDAHO C 125811	Signature: John A. Sfingi Name (type or print): John A. Sfingi, DVM Date: 12/14/12 Title: Owner

Issued 12/13/2012 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM