| No. W 37071 | | Due no later than Feb 28, 2015 | | 2. F | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|--------------------------------------|------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | LISA VANPELT DVM | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CARIBOU PET CARE, PLLC LISA A VANPELT 661 N HOOPER AVE SODA SPRINGS ID 83276 | | | 661 N HOOPER AVE SODA SPRINGS 83276 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 200 | | mes and Addresses | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | Ci | ty | State | Country | Postal Code |
| MANAGER LISA VANPEL | | LT DVM | 661 N HOOPER AVE | SC | DDA SPRINGS | ID | | 83276 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Lisa VanPelt | | | Date: 12/29/2014 | | | |
| W 37071 | | Name (type or print): Lisa VanPelt | | | Title: Manager | | | |
| Processed 12/29/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |