

No. W 37071

Due no later than February 28, 2009  
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CARIBOU PET CARE, PLLC  
661 N HOOPER AVE  
SODA SPRINGS, ID 83276LISA VANPELT DVM  
661 N HOOPER AVE  
SODA SPRINGS, ID 83276**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member/ Manager	Lisa VanPelt	661 N. Hooper Ave	Soda Springs	ID	83276

5. Organized Under the Laws of:

IDAHO  
W 37071

6.

Signature

Name (Typed or Printed)

Lisa VanPelt  
Lisa VanPelt

Date

12-10-08

Title

Member

Issued 12/01/2008

Do Not Tape or Staple

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