

No. <b>W 81577</b>		<b>Due no later than Feb 28, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  FRY CREEK ANIMAL CLINIC, PLLC BARBARA DUNCAN 470889 HIGHWAY 95 PO BOX 726 SAGLE ID 83860 USA		GERALD T HIGGINS 1148 HEATH LAKE RD SAGLE ID 83860			
				3. <u>New</u> 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	MARVELEE K HIGGINS	1148 HEATH LAKE ROAD	SAGLE	ID	USA	83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 81577</b>		Signature: Barbara Duncan				Date: 03/07/2011	
		Name (type or print): Barbara Duncan				Title: Office Manager	
Processed 03/07/2011		* Electronically provided signatures are accepted as original signatures.					