No. **C 117612**	**Due no later than Dec 31, 2015** **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.** LARUE VETERINARY CLINIC, P.C. JAMES L LARUE 3893 N 2250 E FILER ID 83328	JAMES L LARUE DVM 3893 N 2250 E FILER ID 83328 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	BONNIE R. SIMPER-LARUE	3761 N. 2250 E.	FILER	ID	USA	83328
PRESIDENT	JAMES L LARUE	3761 N. 2250 E.	FILER	ID	USA	83328

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 117612**	Signature: James L LaRue	Date: 10/19/2015
	Name (type or print): James L LaRue	Title: President

Processed 10/19/2015

* Electronically provided signatures are accepted as original signatures.