No. <b>W 81032</b>		Laboration of the control of the con		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ELISA L PARKER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720		1. Mailing Address: Correct in this box if needed.  RIVERBEND VETERINARY SERVICES LLC ELISA L PARKER		548 OLD POLLOCK RD RIGGINS ID 83549			
NO FILING FEE IF RECEIVED BY DUE DATE		PO BOX 457 RIGGINS ID 83549 USA		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
MANAGER ELISA L PAR		RKER	P.O. BOX 457 548 OLD POLLOCK RD	RIGGINS	ID	USA	83549
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 81032		Signature: Elisa L Parker		Date: 02/04/2011			
		Name (type or print): Elisa L Parker		Title: Manager			
Processed 02/04/2011 * Electronically provided signatures are accepted as original signatures.							