

No. C 171679	Due no later than Feb 28, 2014 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.		JULIA M ALPERT DVM 833 NORTH 12TH AVE POCATELLO ID 83201			
	COMMUNITY ANIMAL HOSPITAL, P.C. JULIA M ALPERT, DVM 833 NORTH 12TH AVE POCATELLO ID 83201 USA		3. <u>New</u> 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
DIRECTOR	JULIA M ALPERT	833 NORTH 12TH AVE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 171679		6. Annual Report must be signed.* Signature: Brandie Jacobia Name (type or print): Brandie Jacobia		Date: 03/24/2014 Title: Office Manager		
Processed 03/24/2014		* Electronically provided signatures are accepted as original signatures.				