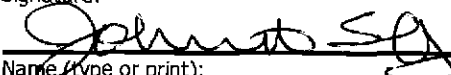
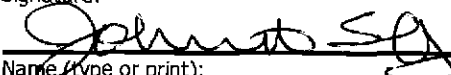
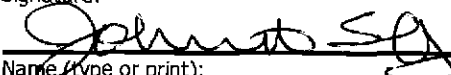


No. <b>C 125811</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/20/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN A SFINGI 129 E 300 S JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SUMMIT LARGE ANIMAL CLINIC, P.A. JOHN A SFINGI 129 E 300 S JEROME ID 83338		3. <u>New</u> Registered Agent Signature.

4Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President Secretary Director Treasurer V. Pres	John SFingi	129 Ea 300 So	Jerome	ID.	U.S.A.	83338

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>C 125811</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:            11/9/17         </td> </tr> <tr> <td>           Name (type or print):            John A. Sfingi         </td> <td>           Title:            11/9/17         </td> </tr> </table>	Signature: 	Date: 11/9/17	Name (type or print): John A. Sfingi	Title: 11/9/17
Signature: 	Date: 11/9/17				
Name (type or print): John A. Sfingi	Title: 11/9/17				

Issued 01/09/2017 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM