

No. C 125811		Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SUMMIT LARGE ANIMAL CLINIC, P.A. JOHN A SFINGI 129 E 300 S JEROME ID 83338		JOHN A SFINGI 129 E 300 S JEROME ID 83338	
<b>REINSTATEMENT FEE DUE: \$30.00</b>				3. New 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
President	John SFingi	129 Ea 300S Jerome Id.	U.S.A.		83338
Secretary					
Director					
Treasurer					
V. Pres					
5. Organized Under the Laws of:  IDAHO C 125811		6.  Signature: <u>John A. SFingi</u> Name (type or print): <u>John A. SFingi</u> Date: <u>11/9/17</u> Title: <u>11/9/17</u>			

Issued 01/09/2017 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**