

No. C 181886		Due no later than Feb 28, 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. CENTER VALLEY VETERINARY HOSPITAL INC KATHLEEN C CALDWELL PO BOX 1623 SANDPOINT ID 83864		KATHLEEN CALDWELL 62 HIDDEN MEADOW LANE SANDPOINT 83864			
						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	
PRESIDENT	KATHLEEN C CALDWELL	62 HIDDEN MEADOW LANE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 181886		6. Annual Report must be signed.* Signature: K. Caldwell, DVM Name (type or print): K. Caldwell, DVM					
		Date: 03/13/2015 Title: President					
Processed 03/13/2015 * Electronically provided signatures are accepted as original signatures.							