

No. W 5305		Due no later than Jan 31, 2016		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		Annual Report Form		PAUL H MARTIN 3852 E 300 N RIGBY ID 83442	
		1. Mailing Address: Correct in this box if needed. SOUTH FORK ANIMAL CLINIC, L.L.C. PAUL H MARTIN 3852 E 300 N RIGBY ID 83442		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	PAUL H MARTIN	3852 E 300 N	RIGBY	ID	83442
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 5305		Signature: Paul Martin		Date: 01/30/2016	
		Name (type or print): Paul Martin		Title: Owner	
Processed 01/30/2016		* Electronically provided signatures are accepted as original signatures.			