No. <b>W 10965</b>		Due no later than Jan 31, 2018	2. Registered Agent and Address (NO PO BOX)					
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if ne  MERIDIAN VETERINARY HOSPITAL PLLC  SCOTT H HIGER  421 W FRANKLIN  MERIDIAN ID 83642	eded.	DR SCOTT H. HIGER 421 W. FRANKLIN MERIDIAN ID 83642  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	ime	Street or PO Address		City	State	Country	Postal Code	
	COTT H H REN S HI			KUNA KUNA	ID ID		83634 83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 10965		Signature: Robin Kaeppner	Date: 12/06/2017					
		Name (type or print): Robin Kaeppner	Title: Office manager					
Processed 12/06/2017	* Electronically provided signatures are accepted as original signatures.							