| No. **W 31511** | **Due no later than Jun 30, 2007**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>RIVER CITY ANIMAL HOSPITAL, PLLC<br>FRANK D CLOVIS<br>PO BOX 658<br>COEUR D ALENE ID 83816 | FRANK CLOVIS<br>1394 S PONDEROSA DR<br>COEUR D ALENE ID 83814<br><br>3. New 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 | FRANK D CLOVIS | 1394 S PONDEROSA DR | COEUR D ALENE | ID | USA | 83814 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 31511** | Signature: Frank Clovis | Date: 07/02/2007 |
| | Name (type or print): Frank Clovis | Title: Manager |

Processed 07/02/2007

* Electronically provided signatures are accepted as original signatures.