No. W 25066		Due no later than Jul 31, 2017 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	1. Mailing Ad EAGLE VETERIN JAMES R WILL 48 N PALMETTO	Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE VETERINARY HOSPITAL, PLLC JAMES R WILLIAMS 48 N PALMETTO EAGLE ID 83616		STEVEN E ALKIRE 1111 W JEFFERSON ST STE 530 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JAMES	R WILLIAMS DVM	48 N PALMETTO	EAGLE	ID		83616	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		must be signed.*					
ID	Signature: Jam	Signature: James Williams		Date: 06/06/2017			
W 25066	Name (type or	Name (type or print): James Williams		Title: manager			
Processed 06/06/2017	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					