

No. <b>C 108479</b>		<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BURLEY VETERINARY HOSPITAL, P.A. WALLACE P WARD PO BOX 576 BURLEY ID 83318-0576		WALLACE P WARD 2869 OVERLAND AVE BURLEY ID 83318			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	WALLACE P WARD	PO BOX 576	BURLEY	ID	USA	83318-0576	
5. Organized Under the Laws of:  <b>ID</b> <b>C 108479</b>		6. Annual Report must be signed.*  Signature: Wallace P Ward Name (type or print): Wallace P Ward  Date: 11/22/2016 Title: President					
Processed 11/22/2016      * Electronically provided signatures are accepted as original signatures.							