No. <b>W 84654</b>		Due no later than Jun 30, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LUKE GILLESPIE DVM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  LUKE GILLESPIE VETERINARY RELIEF SERVICES P.L.L.C.  LUKE E GILLESPIE  525 EAST BRIDGE ST  BLACKFOOT ID 83221  USA			525 EAST BRIDGE ST BLACKFOOT ID 83221			
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LUKE E GILL		ESPIE	525 E BRIDGE ST	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 84654		Signature: Luke Gillespie			Date: 05/20/2014			
		Name (type or print): Luke Gillespie			Title: Veterinarian			
Processed 05/20/2014 * Electronically provided signatures are accepted as original signatures.								