No. <b>C 180236</b>		Due no later than Sep 30, 2017		2. Regist	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 needed.  ALL VALLEY PET CLINIC NORTH NAMPA, INC.  KEVIN KNIGHTON  2326 E CINEMA DR  MERIDIAN ID 83642		2326 I MERIC	KEVIN KNIGHTON 2326 E CINEMA DR MERIDIAN ID 83642  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
2001 000 10		ess Addresses o	f President, Secretary, and Directors. Treas Street or PO Address			-nto	Country	Doctal Code
Office Held Name DIRECTOR KEVIN C KN DIRECTOR JEANNE ROS			2326 E CINEMA DRIVE 2326 E CINEMA DRIVE	City MERIDI/ MERIDI/	AN	tate ID ID	Country USA USA	Postal Code 83642 83642
		6. Annual Report must be signed.*  Signature: Kevin  Date: 08/02/2017						
C 180236		Name (type or print): Kevin			Title: Knighton			
Processed 08/02/2017 * Electronically provided signatures are accepted as original signatures.								