No. W 135739		Due no later than Mar 31, 2018		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. LAKESHORE ANIMAL HOSPITAL, LLC ZACH RAPTOSH 9555 BOOKER LANE NAMPA ID 83686			ZACH RAPTOSH 7762 HWY 45 NAMPA ID 83686 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar			t least one Member or Manager					
Office Held	Name	mes and Addresses of a	Street or PO Address		City	State	Country	Postal Code
MEMBER ZACH J RAPTOSH		PTOSH	7762 HWY 45		NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID W 135739		6. Annual Report must be signed.* Signature: Zach Raptosh Name (type or print): Zach Raptosh			Date: 02/08/2018 Title: Owner			
Processed 02/08/2018 * Electronically provided signatures are accepted as original signatures.								