No. **W 31511**	**Due no later than Jun 30, 2010**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** RIVER CITY ANIMAL HOSPITAL, PLLC FRANK D CLOVIS 310 N HERBORN PL POST FALLS ID 83854	FRANK D CLOVIS 310 N HERBORN PL POST FALLS ID 83854 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	BRIAN LUCE	310 N HERBORN PL	POST FALLS	ID	USA	83854
MANAGER	FRANK D CLOVIS	310 N HERBORN PL	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 31511**	Signature: Frank D Clovis	Date: 05/03/2010
	Name (type or print): Frank D Clovis	Title: Managing Member

Processed 05/03/2010

* Electronically provided signatures are accepted as original signatures.