

|                                                                                                                                                        |                    |                                                                                            |       |                                                               |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 49844</b>                                                                                                                                     |                    | <b>Due no later than Apr 30, 2013</b>                                                      |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b>                                                                  |       | JENNIFER KALAFATIC<br>7415 LABOR CAMP RD<br>CALDWELL ID 83607 |                  |             |  |
|                                                                                                                                                        |                    | <b>1. Mailing Address: Correct in this box if needed.</b>                                  |       | 3. <u>New</u> Registered Agent Signature:*                    |                  |             |  |
|                                                                                                                                                        |                    | OUTBACK VETERINARY SERVICES, PLLC<br>JENNIFER KALAFATIC<br>15281 MINK<br>CALDWELL ID 83607 |       |                                                               |                  |             |  |
| 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                                                                                                                                                 | JENNIFER KALAFATIC | 7415 LABOR CAMP RD                                                                         | NAMPA | ID                                                            | USA              | 83607       |  |
| MEMBER                                                                                                                                                 | NICK KALAFATIC     | 7415 LABOR CAMP RD                                                                         | NAMPA | ID                                                            | USA              | 83607       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                          |       |                                                               |                  |             |  |
| <b>ID<br/>W 49844</b>                                                                                                                                  |                    | Signature: Jennifer Kalafatic                                                              |       |                                                               | Date: 05/04/2013 |             |  |
|                                                                                                                                                        |                    | Name (type or print): Jennifer Kalafatic                                                   |       |                                                               | Title: Member    |             |  |
| Processed 05/04/2013                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                  |       |                                                               |                  |             |  |