

No. C 180236		Due no later than Sep 30, 2014 Annual Report Form		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		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		KEVIN KNIGHTON 2326 E CINEMA DR MERIDIAN ID 83642			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KEVIN C KNIGHTON	2326 E CINEMA DRIVE	MERIDIAN	ID	USA	83642	
DIRECTOR	JEANNE ROSS	2326 E CINEMA DRIVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: ID C 180236		6. Annual Report must be signed.* Signature: Kevin Knighton Name (type or print): Kevin Knighton					
		Date: 07/30/2014 Title: Owner					
Processed 07/30/2014		* Electronically provided signatures are accepted as original signatures.					