No. **W 21849**	**Due no later than Dec 31, 2015** **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.** KIMBERLY VETERINARY HOSPITAL, P.L.L.C. DAVID G CLARK 22340 KIMBERLY RD KIMBERLY ID 83341-5045	DAVID CLARK 22340 KIMBERLY RD KIMBERLY ID 83341 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	JENNIFER LANTING DVM	2181 A NORTH 2300 EAST	TWIN FALLS	ID	USA	83301
MEMBER	CLARK VETERINARY SERVICE PC	PO BOX 665	TWIN FALLS	ID	USA	83303

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 21849**	Signature: DAVID CLARK	Date: 10/19/2015
	Name (type or print): DAVID CLARK	Title: MEMBER

Processed 10/19/2015

* Electronically provided signatures are accepted as original signatures.