No. W 167670		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ANDREW NICHOLSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PRAIRIE ANIMAL HOSPITAL, PLLC PRAIRIE ANIMAL HOSPITAL, PLLC PO BOX 2292 HAYDEN ID 83835-2292		15276 N WINDSONG LN RATHDRUM ID 83858			
				NO FILING FEE IF RECEIVED BY DUE DATE		USA	
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 ELISA L PAR		RKER	26645 N SILVER MEADOWS LOOP	ATHOL	ID	USA	83801
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: MONICA KEOUGH		Date: 05/09/2017			
W 167670		Name (type o	or print): MONICA KEOUGH	Title: ACCOUNTANT			
Processed 05/09/2017 * Electronically provided signatures are accepted as original signatures.							