

No. W 67185	Due no later than Oct 31, 2012 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.		DIANNA BISCHOFF 5500 W EMERALD BOISE ID 83706			
	ANIMAL HEALING CENTER P.L.L.C. PATRICIA A SARAS, DVM 5500 W EMERALD BOISE ID 83706 USA		3. <u>New</u> 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
MANAGER	PATRICIA SARAS	2014 HILCREST DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 67185		6. Annual Report must be signed.* Signature: Patricia Saras, DVM Name (type or print): Patricia Saras, DVM		Date: 08/27/2012 Title: President		
Processed 08/27/2012		* Electronically provided signatures are accepted as original signatures.				