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| No. C 144411 | | Due no later than Jun 30, 2016 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. PALOUSE ANIMAL WELLNESS AND SURGERY CENTER, P.A. KATHERINE L MILLER 504 N MAIN ST MOSCOW ID 83843 USA | | KATHERINE L MILLER 504 N MAIN ST MOSCOW ID 83843 | | | |
| | | | | | | 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 | |
| PRESIDENT | KATHERINE L MILLER | 504 N MAIN ST | MOSCOW | ID | USA | 83843 | |
| SECRETARY | JAMES D MILLER | 504 N MAIN | MOSCOW | ID | USA | 83843 | |
| 5. Organized Under the Laws of: ID C 144411 | | 6. Annual Report must be signed.* Signature: Katherine L Miller Name (type or print): Katherine L Miller | | | | | |
| | | Date: 05/05/2016 Title: President | | | | | |
| Processed 05/05/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |