No. <b>W 88703</b>			Due no later than Dec 31, 2010	2. Registered	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HABITAT VETERINARY HEALTH CENTER, PLLC REED M LINENBERGER 3082 S BOWN WAY BOISE ID 83706		3082 S BO	REED M LINENBERGER 3082 S BOWN WAY BOISE ID 83706			
				3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
	es: Enter Nar Name	nes and Addre	sses of at least one Member or Manager.  Street or PO Address	City	State	Country	Postal Code	
MANAGER F	REED LINENBERGER STEVE BAKER		1606 N 23RD ST 2210 W SUNSET AVE	BOISE BOISE	ID ID	USA USA	83702 83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature:	Sarah Post		Date: 01/06/2011			
W 88703		Name (type	e or print): Sarah Post		Title: Employee			
Processed 01/06/2011	* Electronically provided signatures are accepted as original signatures.							