

|  |                  |  |      |  |         |                  |  |
|--|------------------|--|------|--|---------|------------------|--|
| No. <b>W 84090</b>   |                  | Due no later than May 31, 2010<br><b>Annual Report Form</b>  |      | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>HO'OLA KINO VETERINARY, LLC<br>MARIKO M IMAMURA<br>PO BOX 409<br>CHALLIS ID 83226 |      | MARIKO M IMAMURA<br>1085 GARDEN CREEK RD<br>CHALLIS ID 83226 |         |                  |  |
|  |                  |  |      | 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  | MARIKO M IMAMURA | P.O. BOX 409 1085 GARDEN CREEK RD. CHALLIS   |      | ID   | USA     | 83226            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |      |  |         |                  |  |
| <b>ID<br/>W 84090</b>  |                  | Signature: Mariko Imamura  |      |  |         | Date: 03/18/2010 |  |
|  |                  | Name (type or print): Mariko Imamura   |      |  |         | Title: Manager   |  |
| Processed 03/18/2010   |                  | * Electronically provided signatures are accepted as original signatures.  |      |  |         |                  |  |