

No. C 117700	Due no later than Jan 31, 2018 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. CLEVELAND PET HOSPITAL & HEALTH CENTER, P.A. ELS E SLURINK DVM 2619 E CLEVELAND BLVD CALDWELL ID 83605		ELS E SLURINK 2619 E CLEVELAND BLVD CALDWELL ID 83605			
			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
SECRETARY	ELS E SLURINK DVM	2619 E. CLEVELAND BLVD	CALDWELL	ID	USA	83605
PRESIDENT	ELS E SLURINK DVM	2619 E. CLEVELAND BLVD	CALDWELL	ID	USA	83605
5. Organized Under the Laws of: ID C 117700	6. Annual Report must be signed.* Signature: E E Slurink Name (type or print): E E Slurink		Date: 11/30/2017 Title: President			
Processed 11/30/2017		* Electronically provided signatures are accepted as original signatures.				