

No. <b>C 148827</b>	<b>Due no later than Apr 30, 2014</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  ADA ANIMAL HOSPITAL, P.A. WAYNE LOERTSCHER 8250 W VICTORY RD BOISE ID 83709	WAYNE LOERTSCHER 8250 W VICTORY RD BOISE ID 83709	
		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	WAYNE T LOERTSCHER	8250 W VICTORY RD	BOISE ID USA 83709
5. Organized Under the Laws of:  <b>ID C 148827</b>	6. Annual Report must be signed.* Signature: Wayne Loertscher Name (type or print): Wayne Loertscher		Date: 02/19/2014 Title: President
Processed 02/19/2014		* Electronically provided signatures are accepted as original signatures.	