

No. C 197000		Due no later than Jan 31, 2016		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. ANIMAL WELLNESS CENTER, P.C. SHERILYNN K BURKMAN 2888 SILVERWOOD PL POCATELLO ID 83201		SHERILYNN K BURKMAN 2888 SILVERWOOD PL POCATELLO ID 83201			
				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	SHERILYNN K BURKMAN	2888 SILVERWOOD PL	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 197000		Signature: Sherilynn Burkman				Date: 01/17/2016	
		Name (type or print): Sherilynn Burkman				Title: President	
Processed 01/17/2016		* Electronically provided signatures are accepted as original signatures.					