FILED

No. C 119780	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** LONE PINE ANIMAL HOSPITAL, P.A. JEFF W BENNETTS ~~HC 63 BOX 1736~~ 15950 Hwy 93 S. CHALLIS ID 83226	JEFF W BENNETTS ~~W MILE 5 OF CHALLIS~~ 1700 Corrigan Rd ~~HC 63, BOX 1736~~ 15950 Hwy 93S CHALLIS ID 83226
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Jeff Bennetts	P.O. Box 623	Challis	ID	USA	83226
V. President	Jim Bennetts	PO Box 36	Challis	ID	USA	83226
Secretary	Kathy Bennetts	PO Box 623	Challis	ID	USA	83226

5. Organized Under the Laws of:	6.
IDAHO C 119780	Signature: Jeff Bennetts Name (type or print): Jeff Bennetts Date: 10/10/16 Title: President

Issued 10/11/2016 by online