| No. C 126583 | | Due | 2. Registered Agent and Address (NO PO BOX) | | | | | | |
|--|--|---|---|--|------------------|-------|----------------|------------------------|--|
| Return to: | | Annual Report Form | | RENA K CARLSON LAMMERS 293 EAST LINDEN AVE. CHUBBUCK ID 83202-1801 | | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. GATE CITY VETERINARY ASSOCIATES, P.A. RENA K CARLSON LAMMERS DVM 293 EAST LINDEN AVE. | | | | | | | |
| | | | | | | | | CHUBBUCK ID 83202-1801 | |
| | | NO FILING FEE IF | | USA | | | | | |
| RECEIVED BY DUE DATE | | | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of Pre | esident, Secretary, and Directors. Tre | asurer (d | optional). | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code | |
| PRESIDENT | RENA CARL | SON-LAMMERS | 293 EAST LINDEN | | CHUBBUCK | ID | USA | 83202-1801 | |
| | | | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: Rena Carlson-Lammers Da | | | | | te: 12/12/2011 | | |
| C 126583 | | Name (type or print): Rena Carlson-Lammers | | | Title: President | | | | |
| Processed 12/12/2011 | Processed 12/12/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |