

No. <b>W 25066</b>		<b>Due no later than Jul 31, 2012</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  EAGLE VETERINARY HOSPITAL, PLLC JAMES R WILLIAMS 48 N PALMETTO EAGLE ID 83616 USA		STEVEN E ALKIRE 1111 W JEFFERSON ST STE 530 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JAMES R WILLIAMS DVM	48 N PALMETTO	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 25066</b>		Signature: James R Williams DVM				Date: 05/09/2012	
		Name (type or print): James R Williams DVM				Title: Manager	
Processed 05/09/2012		* Electronically provided signatures are accepted as original signatures.					