

No. W 25066		Due no later than Jul 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JAMES R WILLIAMS DVM	Street or PO Address 48 N PALMETTO		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 25066		6. Annual Report must be signed.* Signature: James R Williams DVM Name (type or print): James R Williams DVM Date: 05/09/2012 Title: Manager					
Processed 05/09/2012 * Electronically provided signatures are accepted as original signatures.							