| No. C 189537 | Due no later than Dec 31, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|---|---|------------------|-------|---------|-------------|
| Return to: | Annual Report Form | | PRISCILLA R H PULVER 5100 N STAR RD MERIDIAN ID 83646 | | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | PRISCILLA R. H. PULVER, DVM, P.C. PRISCILLA R H PULVER 5100 N STAR RD | | | | | | |
| | MERIDIAN ID 83646 | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and Busin | ess Addresses of I | President, Secretary, and Directors. Trea | asurer (d | optional). | | | |
| Office Held Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT PRISCILLA F | R H PULVER | 5100 N STAR RD | | MERIDIAN | ID | USA | 83646 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: Priscilla R H Pulver | | | Date: 10/20/2013 | | | |
| C 189537 | Name (type or print): Priscilla R H Pulver | | | Title: President | | | |
| Processed 10/20/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | | |