No. <b>C 148827</b>		Due no later than Apr 30, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ADA ANIMAL HOSPITAL, P.A. WAYNE LOERTSCHER 8250 W VICTORY RD BOISE ID 83709		8250 W VIO BOISE ID	WAYNE LOERTSCHER 8250 W VICTORY RD BOISE ID 83709  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busin		ess Addresses of P	resident. Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	WAYNE T LOERTSCHER		8250 W VICTORY RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  ID  C 148827		6. Annual Report must be signed.* Signature: Wayne Loertscher Name (type or print): Wayne Loertscher			Date: 03/01/2017 Title: President			
Processed 03/01/2017		* Electronically provided signatures are accepted as original signatures.						