No. C 108689		Due no later than Dec 31, 2015		2	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. ANIMAL CLINIC AND HOSPITAL, P.A. STEPHEN GARDAI 1222 LOGAN MOSCOW ID 83843			STEPHEN GARDAI 1222 LOGAN MOSCOW ID 83843			
				d.				
				3	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Trea	asurer (c	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR	STEPHEN GA	ARDAI	1222 S. LOGAN ST		MOSCOW	ID	USA	83843
PRESIDENT	STEPHEN GA	ARDAI	1222 S. LOGAN ST		MOSCOW	ID	USA	83843
SECRETARY	STEPHEN GA	ARDAI	1222 S. LOGAN ST		MOSCOW	ID	USA	83843
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 108689		Signature: Krystal Lewis			Date: 10/19/2015			
		Name (type or print): Krystal Lewis			Title: Office Manager			
Processed 10/19/2015 * Electronically provided signatures are accepted as original signatures.								