

No. C 121391	Due no later than Oct 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		LYNN ALDERSON 1147 ARKLOW CT IDAHO FALLS ID 83404			
	SHELLEY VETERINARY HOSPITAL, P.A. LYNN L ALDERSON 614 N STATE ST SHELLEY ID 83274 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	LYNN L ALDERSON	1147 ARKLOW CT	IDAHO FALLS	ID	USA	83404
SECRETARY	CHANCE A SMITH	1147 ARKLOW CT,	IDAHO FALLS	ID	USA	83404
SECRETARY	CHAD A SMITH	1147 ARKLOW CT.	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 121391	6. Annual Report must be signed.*					
		Signature: Brittney Goede	Date: 08/19/2015			
		Name (type or print): Brittney Goede	Title: Office Manager			
Processed 08/19/2015		* Electronically provided signatures are accepted as original signatures.				