

No. C 127730	Due no later than Feb 29, 2016 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. SANDPOINT ANIMAL MEDICAL CARE P.C. DR. ROBERT STOLL 871 E. SHINGLE MILL ROAD SANDPOINT ID 83864	DR. ROBERT STOLL 871 E. SHINGLE MILL ROAD SANDPOINT ID 83864	
		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	ROBERT W STOLL	871 E. SHINGLE MILL RD.	SANDPOINT ID USA 83864
SECRETARY	HEIDI STOLL	871 E. SHINGLE MILL RD	SANDPOINT ID USA 83864
5. Organized Under the Laws of: ID C 127730	6. Annual Report must be signed.* Signature: HEIDI STOLL Name (type or print): HEIDI STOLL Date: 02/23/2016 Title: SECRETARY		
Processed 02/23/2016		* Electronically provided signatures are accepted as original signatures.	