

No. <b>W 31511</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  RIVER CITY ANIMAL HOSPITAL, PLLC FRANK D CLOVIS 310 N HERBORN PL POST FALLS ID 83854		FRANK D CLOVIS 310 N HERBORN PL POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	FRANK D CLOVIS	507 S CODY RD	COEUR D'ALENE	ID	USA	83814	
MANAGER	BRIAN A LUCE	378 S PONDEROSA LP	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID</b> <b>W 31511</b>		6. Annual Report must be signed.*  Signature: Frank Clovis Name (type or print): Frank Clovis  Date: 04/15/2014 Title: Cpa					
Processed 04/15/2014 * Electronically provided signatures are accepted as original signatures.							