

No. W 31511		Due no later than Jun 30, 2014		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. 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			
				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: ID W 31511		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.					