

No. C 190866		Due no later than Apr 30, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALL CREATURES ANIMAL HOSPITAL, P.C. KAYLA C WILLIAMS DVM 5555 HWY 52 NEW PLYMOUTH ID 83655 USA		KAYLA C WILLIAMS DVM 5617 HWY 52 NEW PLYMOUTH ID 83655	
				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	KAYLA C WILLIAMS	5617 HWY 52	NEW PLYMOUTH	ID	USA 83655
5. Organized Under the Laws of: ID C 190866		6. Annual Report must be signed.* Signature: Kayla C. Williams Name (type or print): Kayla C. Williams Date: 02/11/2012 Title: President			
Processed 02/11/2012		* Electronically provided signatures are accepted as original signatures.			