

No. W 25066	Due no later than Jul 31, 2009 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. EAGLE VETERINARY HOSPITAL, PLLC JAMES R WILLIAMS 48 N PALMETTO EAGLE ID 83616 USA		STEVEN E ALKIRE 205 N TENTH ST STE 300 BOISE ID 83702			
			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	JAMES R WILLIAMS DVM	48 N PALMETTO	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 25066		6. Annual Report must be signed.* Signature: James R. Williams Name (type or print): James R. Williams		Date: 05/15/2009 Title: Manager		
Processed 05/15/2009		* Electronically provided signatures are accepted as original signatures.				