

No. <b>W 21849</b>		<b>Due no later than Dec 31, 2013</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>  KIMBERLY VETERINARY HOSPITAL, P.L.L.C. DAVID G CLARK 22340 KIMBERLY RD KIMBERLY ID 83341-5045		DAVID CLARK 3823 N 3500 E KIMBERLY ID 83341			
<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	
MEMBER	CLARK VETERINARY SERVICE PC	3823 N 3500 E	KIMBERLY	ID	USA	83341	
MEMBER	DAVID G CLARK	3823 N 3500 E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:  <b>ID</b> <b>W 21849</b>		6. Annual Report must be signed.*  Signature: David Clark Name (type or print): David Clark					
		Date: 10/22/2013 Title: Member					
Processed 10/22/2013		* Electronically provided signatures are accepted as original signatures.					