

No. W 33582		Due no later than Sep 30, 2014 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		1. Mailing Address: Correct in this box if needed. BART GILLESPIE, DVM-VETERINARY RELIEF SERVICES, LLC BART GILLESPIE 1011 W HWY 26 BLACKFOOT ID 83221		BART GILLESPIE 1011 W HWY 26 BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				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	BART GILLESPIE	1011 WEST HWY 26	BLACKKORRT	ID	USA	83221	
MEMBER	BRIEDI RAE GILLESPIE	1011 WEST HWY 26	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID W 33582		6. Annual Report must be signed.* Signature: Bart Gillespie Name (type or print): Bart Gillespie Date: 08/10/2014 Title: Member					
Processed 08/10/2014 * Electronically provided signatures are accepted as original signatures.							