No. **C 107147**	**Due no later than Jul 31, 2012** **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.** WILD ANIMAL REHABILITATION OF IDAHO, INCORPORATED TIM COCHNAUER 20280 HOMESTEAD LOOP LEWISTON ID 83501 USA	TIM COCHNAUER 20280 HOMESTEAD LOOP LEWISTON ID 83501 3. New 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
DIRECTOR	TIM COCHNAUER	20280 HOMESTEAD LOOP	LEWISTON	ID	USA	83501
DIRECTOR	AME' COCHNAUER	20280 HOMESTEAD LOOP	LEWISTON	ID	USA	83501
DIRECTOR	GREGG SERVHEEN	3616 16TH ST	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 107147**	Signature: Tim Cochnauer	Date: 05/14/2012
	Name (type or print): Tim Cochnauer	Title: Director

Processed 05/14/2012

* Electronically provided signatures are accepted as original signatures.