

No. <b>C 162697</b>		<b>Due no later than Sep 30, 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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SMALL ANIMAL MEDICAL CENTER, P.C. ROSEANN M SABOL 2290 SUNSET STRIP MOUNTAIN HOME ID 83647		ROSEANN M SABOL 1590 EAST 5TH NORTH MOUNTAIN HOME ID 83647					
				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			
SECRETARY	GREG A SABOL	1590 E 5TH NORTH	MOUNTAIN HOME	ID	USA	83647			
PRESIDENT	ROSEANN M SABOL	1590 E 5TH NORTH	MOUNTAIN HOME	ID	USA	83647			
5. Organized Under the Laws of:  <b>ID C 162697</b>		6. Annual Report must be signed.* Signature: Roseann M. Sabol Name (type or print): Roseann M. Sabol Date: 07/15/2013 Title: President							
Processed 07/15/2013		* Electronically provided signatures are accepted as original signatures.							