

|  |               |   |          |   |         |                           |  |
|--|---------------|---|----------|---|---------|---------------------------|--|
| No. <b>C 181077</b>  |               | <b>Due no later than Dec 31, 2012</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |                           |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SPAY NEUTER CLINIC, INC<br>TAMMY FAULKNER DVM<br>1172 FLANNIGAN CREEK RD<br>VIOLA ID 83872 |          | TAMMY FAULKNER DVM<br>1172 FLANNIGAN CREEK RD<br>VIOLA ID 83872 |         |                           |  |
|  |               |   |          | 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  | DORRIS WALKER | P. O. BOX 603   | POTLATCH | ID  | USA     | 83855                     |  |
| PRESIDENT  | LAURIE STONE  | 360 S. GRAND  | PULLMAN  | WA  | USA     | 99763                     |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*   |          |   |         |                           |  |
| <b>ID<br/>C 181077</b>   |               | Signature: Tammy Faulkner   |          |   |         | Date: 10/17/2012          |  |
|  |               | Name (type or print): Tammy Faulkner  |          |   |         | Title: Executive Director |  |
| Processed 10/17/2012   |               | * Electronically provided signatures are accepted as original signatures.   |          |   |         |                           |  |