No. <b>C 63166</b>	Due no later than Feb 28, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOHN M HOCH			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  LEWISTON VETERINARY CLINIC, CHARTERED  JOHN M HOCH  421 22ND STREET NORTH  LEWISTON ID 83501  USA		421 22ND STREET NORTH LEWISTON ID 83501  3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF							
RECEIVED BY DUE DATE							
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 DONIELLE M WAGNER		421 22ND STREET NORTH	LEWISTON	ID	USA	83501	
PRESIDENT JOHN M HO	CH	421 22ND STREET NORTH	LEWISTON	ID	USA	83501	
VICE PRESIDENT SHELLY A O	PRESIDENT SHELLY A OCONNELL		LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: 6. Annual Report must I		oe signed.*					
<b>ID</b> Signature: Kim Taylo		r	Date: 02/04/2014				
C 63166	Name (type or print): Kim Taylor		Title: Bookkeeper				
Processed 02/04/2014	* Electronically provided signatures are accepted as original signatures.						