| No. W 52186 | | Due no later than Jun 30, 2011 | Registered Agent and Address (NO PO BOX) WILLIAM FORSBERG 49 PROFESSIONAL PLAZA REXBURG ID 83440 | | | |
|--|------------------|--|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | |
| | | AMMON VETERINARY HOSPITAL, PLLC COLBY J BURR 1290 S AMMON RD | | | | |
| | | IDAHO FALLS ID 83406 | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | |
| 4. Limited Liability Compa | anies: Enter Nai | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER COLBY BURF | | R 1290 S AMMON RD | IDAHO FALLS | ID | USA | 83406 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Colby J. Burr | Date: 05/09/2011 | | | |
| W 52186 | | Name (type or print): Colby J. Burr | Title: DVM/Owner/Manager | | | |
| Processed 05/09/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | |