

No. C 104989		Due no later than Jan 31, 2014		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. MAGIC VALLEY VETERINARY HOSPITAL, PA CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS ID 83301 USA		CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS ID 83301			
				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	
PRESIDENT	CONNIE S RIPPEL	3968 N 3610 E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 104989		Signature: Connie S. Rippel				Date: 01/14/2014	
		Name (type or print): Connie S. Rippel				Title: Dvm	
Processed 01/14/2014		* Electronically provided signatures are accepted as original signatures.					