No. W 62509	Due no later than May 31, 2018 2. Registered Agent and Address (NO PO BO				РО ВОХ)
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. RISA VETERINARY SERVICES, LLC BRIAN RISA 306 W 175 N BLACKFOOT ID 83221	BRIAN RISA DVM 306 W 175 N BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
- XXII - XX II	ames and Addresses of at least one Member or Manager.	City	Ctata	Country	Doctal Code
Office Held Name MEMBER BRIAN RIS MEMBER DIANA RIS		City BLACKFOOT BLACKFOOT	State ID ID	Country	Postal Code 83221 83221
5. Organized Under the Laws of:	6. Annual Report must be signed.* Signature: Brian Risa	Date: 03/24/2018			
W 62509 Processed 03/24/2018	Name (type or print): Brian Risa * Electronically provided signatures are accepted as original signatures.	Title: Member gnatures.			