

No. C 125865		Due no later than Oct 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO EQUINE HOSPITAL, P.A. DIXIE CHRISTENSEN 16080 EQUINE DR NAMPA ID 83687		WILLIAM J MAUPIN 16080 EQUINE DR NAMPA ID 83687		
				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
DIRECTOR	ROBERT S SHOEMAKER	16080 EQUINE DRIVE	NAMPA	ID	USA	83687
SECRETARY	ELIZABETH SCOTT	16080 EQUINE DRIVE	NAMPA	ID	USA	83687
PRESIDENT	WILLIAM MAUPIN	16080 EQUINE DRIVE	NAMPA	ID	USA	83687
DIRECTOR	PETE KNOX	16080 EQUINE DRIVE	NAMPA	ID	USA	83687
5. Organized Under the Laws of: ID C 125865		6. Annual Report must be signed.* Signature: WILLIAM J MAUPIN Name (type or print): WILLIAM J MAUPIN Date: 08/25/2015 Title: PRESIDENT				
Processed 08/25/2015		* Electronically provided signatures are accepted as original signatures.				