No. **C 142411**	**Due no later than Feb 28, 2017** **Annual Report Form**	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.** CASCADE VETERINARY CLINIC PC KEITH RUBLE PO BOX 551 CASCADE ID 83611	KEITH RUBLE 935 HWY 55 S CASCADE ID 83611 3. New 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	KEITH RUBLE	PO BOX 551	CASCADE	ID	USA	83611

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 142411**	Signature: Keith ruble Name (type or print): Keith ruble	Date: 12/26/2016 Title: president

Processed 12/26/2016

* Electronically provided signatures are accepted as original signatures.