No. W 37071		Due no later than Feb 28, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. CARIBOU PET CARE, PLLC LISA A VANPELT 661 N HOOPER AVE SODA SPRINGS ID 83276		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				661 N HOOPER SODA SPRINGS	LISA VANPELT DVM 661 N HOOPER AVE SODA SPRINGS ID 83276 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar				or <u>item</u> Register ee	- rigenie o	gnacar er		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ANAGER LISA VANPELT DVM		661 N HOOPER AVE	SODA SPRINGS	ID		83276	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 37071		Signature: Lisa VanPelt			Date: 01/15/2018			
		Name (type or print): Lisa VanPelt		Title: Manager				
Processed 01/15/2018 * Electronically provided signatures are accepted as original signatures.								