

No. C 131100		Due no later than Nov 30, 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. WILLOWCREEK ANIMAL HOSPITAL, P.C. JOHN COPLIN 796 IONA RD IDAHO FALLS ID 83401		JOHN COPLIN DVM 796 IONA RD IDAHO FALLS ID 83401				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	JOHN R. COPLIN	796 IONA RD	IDAHO FALLS	ID	USA	83401			
SECRETARY	JENNIFER K. KEEFE	796 IONA RD.	IDAHO FALLS	ID	USA	83401			
5. Organized Under the Laws of: ID C 131100		6. Annual Report must be signed.* Signature: Jennifer Keefe Name (type or print): Jennifer Keefe Date: 09/22/2017 Title: Secretary							
Processed 09/22/2017		* Electronically provided signatures are accepted as original signatures.							