INSTRUCTIONS ON REVERSE SIDE

ISSUED: 09-30-1995

No. 508

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

** FINAL NOTICE **
NO FEE REQUIRED

1. Mailing Address -- *Please Correct If Not Correct*

KINDNESS SMALL ANIMAL MEDICAL C
KENNETH L KALBFLEISCH DVM
1309 CAMELOT DR

NAMPA ID 83651

2. Registered Agent and Office NOT A P.O. BOX

KENNETH L KALBFLEISCH DVM
1309 CAMELOT DR

NAMPA ID 83651

3. Organized Under The Laws of

ID
NO: 508

4. Names and Addresses of ☐ Managers or ☑ Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
Dr. Ken Kalbfleisch	1309 Camelot Dr.	Nampa, Idaho 83651		
Glenda Kalbfleisch Sec.	1309 Camelot Dr.	Nampa, Idaho 83651		

5. Signature of the Current Registered Agent (if changed in block 2)

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature K.L. Kalbfleisch Date 10-10-95

Name (Typed or Printed) K.L. Kalbfleisch