

No. C 144411		Due no later than Jun 30, 2010 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. PALOUSE ANIMAL WELLNESS AND SURGERY CENTER, P.A. KATHERINE L MILLER 504 N MAIN ST MOSCOW ID 83843		KATHERINE L MILLER 504 N MAIN ST MOSCOW ID 83843			
						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	KATHERINE L MILLER	504 N MAIN ST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: ID C 144411		6. Annual Report must be signed.* Signature: Katherine L Miller Name (type or print): Katherine L Miller					
		Date: 05/10/2010 Title: President/Owner					
Processed 05/10/2010 * Electronically provided signatures are accepted as original signatures.							