| No. C 136128 | | Due no later than Oct 31, 2016 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------------------|---|---|------------------------|--|-------------|-------------|--|
| Return to: | | Annual Report Form | | | JAMI GAVER | | | |
| 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. VETERINARY PHARMACEUTICALS, INC. ALICE E DES JARDINS 13159 13TH RD WEST HANFORD CA 93230-9666 USA | | | 132 SOUTH 300 WEST | | | |
| | | | | JEROME ID | JEROME ID 83338 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| | | | | 2. New Decister | | | | |
| | | | | 3. <u>New</u> Register | | | | |
| | | | | | | | | |
| | | | idt Ctd Bit T | (ti1) | | | | |
| 4. Corporations: Enter Na Office Held | ames and Busin Name | ess Addresses of Pr | esident, Secretary, and Directors. Treasi Street or PO Address | | Ctata | Country | Postal Code | |
| DIRECTOR | | \/\/\/ENIZT | 4554 W MADISON AVE | City FRESNO | State CA | Country USA | 93706 | |
| DIRECTOR | MICHAEL S VIVENZI JASON E HIXON | | 1107 TOWNHILL AVE | OAKDALE | CA | USA | 95361 | |
| DIRECTOR | PATRICK S LOEWEN | | 1369 W CORTNER STREET | HANFORD | CA | USA | 93230 | |
| DIRECTOR | JAMI GAVER | | 132 SOUTH 300 WEST | JEROME | ID | USA | 83338 | |
| DIRECTOR | ALICE E DES JARDINS | | 132 SOOTH 300 WEST 13159 13TH ROAD WEST | HANFORD | CA | USA | 93230-9666 | |
| DIRECTOR | HAROLD M DES JARDINS | | 13159 13TH ROAD WEST | HANFORD | CA | USA | 93230-9666 | |
| PRESIDENT | HAROLD DES | | 13159 13TH ROAD WEST 13159 13TH ROAD WEST | HANFORD | CA | USA | 93230-9666 | |
| SECRETARY | ALICE E DE | | 13159 13TH ROAD WEST 13159 13TH ROAD WEST | HANFORD | CA | USA | 93230-9666 | |
| DIRECTOR | STANLEY E | | 4554 GOLDRIDGE | SELMA | CA | USA | 93662 | |
| VICE PRESIDENT | MICHAEL VI | | 4554 W MADISON AVE | FRESNO | CA | USA | 93706 | |
| | | | | | | | | |
| 5. Organized Under the Laws of: 6. An | | 6. Annual Report n | 5. Annual Report must be signed.* | | | | | |
| CA C 136128 | | Signature: ALICE DES JARDINS | | | Date: 10/24/2016 | | | |
| | | Name (type or print): ALICE DES JARDINS | | | Title: SECRETARY | | | |
| Processed 10/24/2016 | | * Electronically pro | vided signatures are accepted as original | l signatures. | | | | |