

No. W 62671		Due no later than May 31, 2016 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. IDAHO FALLS VETERINARY EMERGENCY CLINIC, PLLC SARAH HERRES 3151 MCNEIL DR. IDAHO FALLS ID 83402		RHONDA ALIAH 2561 GENEVIEVE WAY IDAHO FALLS ID 83402	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	RHONDA ALIAH	2561 GENEVIEVE WAY	IDAHO FALLS	ID	83402
MEMBER	NATE ROLSON	3120 S WOODRUFF AVE	IDAHO FALLS	ID	83404
MEMBER	SARAH HERRES	3151 MCNEIL DR	IDAHO FALLS	ID	83402
MEMBER	SHAUN MERCHANT	285 S WOODRUFF AVE	IDAHO FALLS	ID	83401
MEMBER	BRAD FRANCIS	3120 S WOODRUFF AVE	IDAHO FALLS	ID	83404
MEMBER	LES STONE	700 N WABASH AVE	IDAHO FALLS	ID	83401
5. Organized Under the Laws of: ID W 62671		6. Annual Report must be signed.* Signature: Kathryn Hilker Name (type or print): Kathryn Hilker Date: 06/01/2016 Title: Office Manager			
Processed 06/01/2016		* Electronically provided signatures are accepted as original signatures.			