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|--|-----------------|--|----------|---|---------|-------------|--|
| No. W 16013 | | Due no later than Jul 31, 2017 | | 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. CALDWELL VETERINARY HOSPITAL, P.L.L.C. MICHAEL OESCH PO BOX 1212 CALDWELL ID 83606 | | GORDON COOPER 1704 EAST CHICAGO CALDWELL ID 83605 | | | |
| | | | | 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 | |
| MANAGER | MICHAEL J OESCH | 1704 EAST CHICAGO | CALDWELL | ID | USA | 83605 | |
| 5. Organized Under the Laws of: ID W 16013 | | 6. Annual Report must be signed.* Signature: Barbara Stevens Name (type or print): Barbara Stevens Date: 06/13/2017 Title: Office Manager | | | | | |
| Processed 06/13/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |