

No. <b>C 144411</b>		<b>Due no later than Jun 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		KATHERINE L MILLER 504 N MAIN ST MOSCOW ID 83843			
		<b>1. Mailing Address: Correct in this box if needed.</b> PALOUSE ANIMAL WELLNESS AND SURGERY CENTER, P.A. KATHERINE L MILLER 504 N MAIN ST MOSCOW ID 83843 USA		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	
SECRETARY	JAMES D MILLER	504 N MAIN	MOSCOW	ID	USA	83843	
PRESIDENT	KATHERINE L MILLER	504 N MAIN ST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 144411</b>		Signature: Katherine L. Miller			Date: 04/26/2011		
		Name (type or print): Katherine L. Miller			Title: President		
Processed 04/26/2011		* Electronically provided signatures are accepted as original signatures.					