

No. W 37600	Due no later than Mar 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. FREMONT ANIMAL CARE CENTER LLC DR JOHN COPLIN 1075 S YELLOWSTONE ST ANTHONY ID 83445		DR JOHN COPLIN 796 IONA RD IDAHO FALLS ID 83401			
			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	DR JOHN COPLIN	6357 S 15 W	IDAHO FALLS	ID		83404
5. Organized Under the Laws of: ID W 37600		6. Annual Report must be signed.* Signature: Brenda Archibald Name (type or print): Brenda Archibald Date: 01/20/2016 Title: Receptionist				
Processed 01/20/2016		* Electronically provided signatures are accepted as original signatures.				