

No. W 508		Due no later than Sep 30, 2017 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		1. Mailing Address: Correct in this box if needed. KINDNESS SMALL ANIMAL MEDICAL CENTER, P.L.L.C. ARTHUR MAENDL 1803 12TH AVE ROAD NAMPA ID 83686 USA		ARTHUR L MAENDL DMV 6090 ALFALFA PL NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ARTHUR MAENDL	Street or PO Address 6090 ALFALFA PL		City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 508		6. Annual Report must be signed.* Signature: Cary Maendl Name (type or print): Cary Maendl Date: 08/29/2017 Title: Office Manager					
Processed 08/29/2017 * Electronically provided signatures are accepted as original signatures.							