

No. <b>W 508</b>		<b>Due no later than Sep 30, 2017</b>		<b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> 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		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	ARTHUR MAENDL	6090 ALFALFA PL	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:  <b>ID W 508</b>		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.					