

No. W 25646	Due no later than Aug 31, 2010 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.	SHARI CARNAHAN 1010 TRAVIS RD POTLATCH ID 83855			
		NORTH PALOUSE VETERINARY CLINIC LLC STEPHENIE J WOOLVERTON 1010 TRAVIS RD POTLATCH ID 83855	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	SHARI CARNAHAN	580 BREMNER RD	DESMET	ID	USA	83824
5. Organized Under the Laws of: ID W 25646	6. Annual Report must be signed.* Signature: Stephenie Woolverton Name (type or print): Stephenie Woolverton		Date: 08/03/2010 Title: Veterinary Technician			
Processed 08/03/2010		* Electronically provided signatures are accepted as original signatures.				