

No. <b>C 162697</b>	<b>Due no later than Sep 30, 2016</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>  SMALL ANIMAL MEDICAL CENTER, P.C. ROSEANN M SABOL 2290 SUNSET STRIP MOUNTAIN HOME ID 83647	ROSEANN M SABOL 1590 EAST 5TH NORTH MOUNTAIN HOME ID 83647  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	GREG A SABOL	1590 E 5TH NORTH	MOUNTAIN HOME	ID	USA	83647
PRESIDENT	ROSEANN M SABOL	1590 E 5TH NORTH	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of:  <b>ID C 162697</b>	6. Annual Report must be signed.* Signature: Roseann M Sabol Name (type or print): Roseann M Sabol		Date: 12/12/2016 Title: President			
Processed 12/12/2016		* Electronically provided signatures are accepted as original signatures.				