

|  |              |   |      |   |                  |             |  |
|--|--------------|---|------|---|------------------|-------------|--|
| No. <b>W 10965</b>   |              | <b>Due no later than Jan 31, 2012</b>   |      | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b>   |      | DR SCOTT H. HIGER<br>421 W. FRANKLIN<br>MERIDIAN ID 83642 |                  |             |  |
|  |              | <b>1. Mailing Address: Correct in this box if needed.</b>                                 |      | 3. <u>New</u> Registered Agent Signature:*                |                  |             |  |
|  |              | MERIDIAN VETERINARY HOSPITAL PLLC<br>SCOTT H HIGER<br>421 W FRANKLIN<br>MERIDIAN ID 83642 |      |   |                  |             |  |
| 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   | SCOTT HIGHER | 9105 S. ROMAR   | KUNA | ID  | USA              | 83634       |  |
| MEMBER   | KAREN HIGHER | 9105 S. ROMAR   | KUNA | ID  | USA              | 83634       |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*   |      |   |                  |             |  |
| <b>ID<br/>W 10965</b>  |              | Signature: Scott H. Higer   |      |   | Date: 12/29/2011 |             |  |
|  |              | Name (type or print): Scott H. Higer  |      |   | Title: Owner     |             |  |
| Processed 12/29/2011   |              | * Electronically provided signatures are accepted as original signatures.                 |      |   |                  |             |  |