

No. <b>C 158700</b>		<b>Due no later than Feb 28, 2017</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>Annual Report Form</b>		PAUL A LANG 807 MICHIGAN AVE OROFINO ID 83544			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		OROFINO ANIMAL HOSPITAL, P.A. PAUL A LANG PO BOX 2565 OROFINO ID 83544					
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	CANDACE P LANG	P.O.BOX 2565	OROFINO	ID	USA	83544	
PRESIDENT	PAUL A LANG	P.O.BOX 2565	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 158700</b>		Signature: PAUL A. LANG			Date: 12/22/2016		
		Name (type or print): PAUL A. LANG			Title: President		
Processed 12/22/2016		* Electronically provided signatures are accepted as original signatures.					