

No. <b>C 119780</b>	<b>Due no later than Jun 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> LONE PINE ANIMAL HOSPITAL, P.A. JEFF W BENNETTS 15950 HWY 93 S CHALLIS ID 83226		JEFF W BENNETTS 1700 CORRIGAN RD 15950 HWY 93 S CHALLIS ID 83226			
			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
PRESIDENT	JEFF W BENNETTS	HC 63 BOX 1736	CHALLIS	ID	USA	83226
5. Organized Under the Laws of:  <b>ID</b> <b>C 119780</b>	6. Annual Report must be signed.* Signature: Julie Hansen Name (type or print): Julie Hansen		Date: 05/01/2017 Title: Reporting Agent			
Processed 05/01/2017		* Electronically provided signatures are accepted as original signatures.				