No. **C 132309**	**Due no later than Jan 31, 2018**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** BLUE CROSS ANIMAL HOSPITAL, P.C. KENT A BLAU 401 N MILLER AVE BURLEY ID 83318	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New 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
DIRECTOR	BARBARA L BLAU	401 N MILLER AVE	BURLEY	ID	USA	83318
DIRECTOR	KENT A BLAU	401 N MILLER AVE	BURLEY	ID	USA	83318
SECRETARY	BARBARA L BLAU	401 N MILLER AVE	BURLEY	ID	USA	83318
PRESIDENT	KENT A BLAU	401 N MILLER AVE	BURLEY	ID	USA	83318

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 132309**	Signature: Kent A Blau DVM	Date: 11/24/2017
	Name (type or print): Kent A Blau DVM	Title: Presudent

Processed 11/24/2017

* Electronically provided signatures are accepted as original signatures.