

No. C 123313		Due no later than Mar 31, 2011		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. SOUTHWAY ANIMAL CLINIC, P.C. DAVID ARD 705 16TH AVE LEWISTON ID 83501 USA		DENNIS M DAVIS 608 NW BLVD STE 401 COEUR D'ALENE ID 83814-2146			
				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	CAROL S ARD	3627 23RD STREET	LEWISTON	ID	USA	83501	
PRESIDENT	DAVID R ARD	3627 23RD STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 123313		6. Annual Report must be signed.* Signature: David Ard Name (type or print): David Ard Date: 04/10/2011 Title: President					
Processed 04/10/2011		* Electronically provided signatures are accepted as original signatures.					