| No. J 1929 | | Due no later than Nov 30, 2017 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|----------------------------------|---|---|----------------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. BANNOCK ANIMAL MEDICAL CENTER, LLP SHANNON D ALARCON 5262 YELLOWSTONE AVE CHUBBUCK ID 83202 | | 5262 YELLOW CHUBBUCK II | WALTER ROWNTREE 5262 YELLOWSTONE AVE CHUBBUCK ID 83202 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Partnerships: Enter Na | | | | | - Igonic o | | | |
| Office Held | Name | arries aria busirie | Street or PO Address | City | State | Country | Postal Code | |
| PARTNER PARTNER | JAMIE RANTALA WALTER ROWNTREE | | 5262 YELLOWSTONE AVE 5262 N. YELLOWSTONE AVE | CHUBBUCK CHUBBUCK | ID ID | USA USA | 83202 83202 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID J 1929 | | Signature: shannon Alarcon | | Date | Date: 09/26/2017 | | | |
| | | Name (type o | Title | Title: Practice Manager | | | | |
| Processed 09/26/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |