

No. C 170301		Due no later than Dec 31, 2017 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. PET CARE CLINIC KUNA, INC. ROBERTA KONZEK 366 E AVALON ST KUNA ID 83634-2131		ROBERTA KONZEK 366 E AVALON ST KUNA ID 83634-2131			
						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	ROBERTA KONZEK	366 E AVALON ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID C 170301		6. Annual Report must be signed.* Signature: Roberta L Konzek Name (type or print): Roberta L Konzek Date: 10/30/2017 Title: Officer/Registered Agent					
Processed 10/30/2017 * Electronically provided signatures are accepted as original signatures.							