

No. <b>C 117210</b>		<b>Due no later than Nov 30, 2014</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>  ST. FRANCIS PET CLINIC, P.A. KARSTEN FOSTVEDT P.O. BOX 5248 KETCHUM ID 83340 USA		KARSTEN FOSTVEDT UNIT A6, 10TH ST. CENTER KETCHUM 83340					
				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	KARSTEN FOSTVEDT	UNIT A6, 10TH ST. CENTER	KETCHUM	ID	USA	83340			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
<b>ID C 117210</b>		Signature: Karsten A. Fostvedt				Date: 10/29/2014			
		Name (type or print): Karsten A. Fostvedt				Title: Owner			
Processed 10/29/2014		* Electronically provided signatures are accepted as original signatures.							