No. C 161100		Due no later than Jun 30, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		REX A GILLESPIE 383 N 700 W BLACKFOOT ID 83221 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		COTTONWOOD VETERINARY CLINIC, P.C. REX A GILLESPIE 2830 HUNTER'S LOOP						
		52 (6)(66) 15 65221						
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter	r Names and Busin	ess Addresses o	of President, Secretary, and Directors. Tre	easurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	REX A GILL	ESPIE	2830 HUNTERS LOOP		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 161100		Signature: Rex Gillespie DVM			Date: 04/24/2015			
		Name (type or print): Rex Gillespie DVM			Title: President			
Processed 04/24/2015 * Electronically provided signatures are accepted as original signatures.								