

No. W 157527		Due no later than Oct 31, 2016 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		1. Mailing Address: Correct in this box if needed. VALLEY PET VACCINATIONS, PLLC LYN LANGFORD DVM 875 ROSEWOOD DR TWIN FALLS ID 83301		LYN LANGFORD DVM 875 ROSEWOOD DR TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LYN W LANGFORD	Street or PO Address 875 ROSEWOOD DR.		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 157527		6. Annual Report must be signed.* Signature: Lyn Langford DVM Name (type or print): Lyn Langford DVM Date: 09/02/2016 Title: Manager					
Processed 09/02/2016 * Electronically provided signatures are accepted as original signatures.							