

No. C 162697		Due no later than Sep 30, 2015 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. SMALL ANIMAL MEDICAL CENTER, P.C. ROSEANN M SABOL 2290 SUNSET STRIP MOUNTAIN HOME ID 83647		ROSEANN M SABOL 1590 EAST 5TH NORTH MOUNTAIN HOME ID 83647			
						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	
SECRETARY	GREG A SABOL	1590 E 5TH NORTH	MOUNTAIN HOME	ID	USA	83647	
PRESIDENT	ROSEANN M SABOL	1590 E 5TH NORTH	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of: ID C 162697		6. Annual Report must be signed.* Signature: Roseann M. Sabol Name (type or print): Roseann M. Sabol					
Processed 09/24/2015		* Electronically provided signatures are accepted as original signatures. Date: 09/24/2015 Title: President					