

No. <b>C 161048</b>		<b>Due no later than Jun 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>  ROCHE EQUINE VETERINARY SERVICES, P.A. MELINDA N ROCHE P.O. BOX 1904 TWIN FALLS ID 83303 USA		MELINDA N ROCHE 2350 E 3500 N FILER ID 83328			
						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	MELINDA N ROCHE	P.O. BOX 1904	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:  <b>ID</b> <b>C 161048</b>		<b>6. Annual Report must be signed.*</b>  Signature: Melinda Roche Name (type or print): Melinda Roche					
		Date: 07/09/2014 Title: President					
Processed 07/09/2014      * Electronically provided signatures are accepted as original signatures.							