

|   |                      |   |          |   |         |             |  |
|---|----------------------|---|----------|---|---------|-------------|--|
| No. <b>W 77162</b>  |                      | <b>Due no later than Aug 31, 2017</b><br><b>Annual Report Form</b>  |          | 2. Registered Agent and Address ( <b>NO PO BOX</b> )            |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SETTLER'S PARK VETERINARY HOSPITAL, PLLC<br>DOUGLAS B. MILLS DVM<br>3220 N. MERIDIAN RD<br>MERIDIAN ID 83646 |          | DOUGLAS B MILLS DVM<br>3220 N. MERIDIAN RD<br>MERIDIAN ID 83646 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                      |   |          | 3. <u>New</u> Registered Agent Signature:*                      |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.        |                      |   |          |   |         |             |  |
| Office Held   | Name                 | Street or PO Address  | City     | State   | Country | Postal Code |  |
| MEMBER  | DOUGLAS B. MILLS DVM | 3220 N. MERIDIAN RD   | MERIDIAN | ID  | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 77162</b>                                  |                      | 6. Annual Report must be signed.*<br><br>Signature: Douglas B Mills, DVM<br>Name (type or print): Douglas B Mills, DVM  |          |   |         |             |  |
|   |                      | Date: 09/03/2017<br>Title: Owner  |          |   |         |             |  |
| Processed 09/03/2017      * Electronically provided signatures are accepted as original signatures. |                      |   |          |   |         |             |  |