No. **W 85264**	**Due no later than Jul 31, 2014** **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.** LAKE CITY PET HOSPITAL, PLLC AMOREENA SIJAN 902 N LINCOLN WAY COEUR D ALENE ID 83814-2233 USA	AMOREENA SIJAN 3515 W PINERIDGE DR COEUR D ALENE ID 83815 3. New 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	AMOREENA K SIJAN	3515 W PINERIDGE DR	COEUR D ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 85264**	Signature: Amoreena Sijan	Date: 05/19/2014
	Name (type or print): Amoreena Sijan	Title: Member

Processed 05/19/2014

* Electronically provided signatures are accepted as original signatures.