

No. W 154213	Due no later than Jul 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MOUNTAIN RIVER VETERINARY HOSPITAL PLLC 3745 E COUNTY LINE RIGBY ID 83442		GARTH WADDOUPS 3745 E COUNTY LINE RIGBY ID 83442			
			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	GEORGE OLAVESON	3745 E COUNTY LINE	RIGBY	ID	USA	83442
5. Organized Under the Laws of: ID W 154213	6. Annual Report must be signed.* Signature: Carolyn Waddoups Name (type or print): Carolyn Waddoups		Date: 05/26/2016 Title: Office Manager			
Processed 05/26/2016		* Electronically provided signatures are accepted as original signatures.				