

No. C 111823		Due no later than Aug 31, 2016		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. SUNNYSIDE VETERINARY CLINIC, P.A. MIKE O NIELD 629 W SUNNYSIDE RD IDAHO FALLS ID 83402		MICHAEL O NIELD 629 W SUNNYSIDE RD IDAHO FALLS ID 83402			
				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	MICHAEL O NIELD	1140 EAST 1250 NORTH	SHELLEY	ID	USA	83274	
SECRETARY	MICHELLE NIELD	1140 EAST 1250 NORTH	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of: ID C 111823		6. Annual Report must be signed.* Signature: Michelle Nield Name (type or print): Michelle Nield Date: 07/01/2016 Title: Secretary					
Processed 07/01/2016		* Electronically provided signatures are accepted as original signatures.					