

No. W 25066		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		1. Mailing Address: Correct in this box if needed. EAGLE VETERINARY HOSPITAL, PLLC JAMES R WILLIAMS 48 N PALMETTO EAGLE ID 83616		STEVEN E ALKIRE 1111 W JEFFERSON ST STE 530 BOISE ID 83702		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name JAMES R WILLIAMS DVM	Street or PO Address 48 N PALMETTO	City EAGLE	State ID	Country	Postal Code 83616
5. Organized Under the Laws of: ID W 25066	6. Annual Report must be signed.* Signature: James Williams Name (type or print): James Williams					Date: 05/26/2016 Title: Manager
Processed 05/26/2016 * Electronically provided signatures are accepted as original signatures.						