

No. W 25646		Due no later than Aug 31, 2013		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		Annual Report Form		SHARI CARNAHAN 1010 TRAVIS RD POTLATCH ID 83855	
		1. Mailing Address: Correct in this box if needed. NORTH PALOUSE VETERINARY CLINIC LLC MICHELLE L WORDEN 1010 TRAVIS RD POTLATCH ID 83855 USA		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	SHARI CARNAHAN	580 BREMNER RD	DESMET	ID	USA 83824
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 25646		Signature: Michelle Worden		Date: 06/17/2013	
		Name (type or print): Michelle Worden		Title: Receptionist	
Processed 06/17/2013		* Electronically provided signatures are accepted as original signatures.			