No. <b>C 125730</b>		Due no later than Sep 30, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  KOOTENAI ANIMAL HOSPITAL, P.A.  JUANITA L REYNOLDS  1704 E SELTICE WAY  POST FALLS ID 83854	JUANITA L REYNOLDS  1704 E SELTICE WAY POST FALLS ID 83854  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Corporations: Enter Names a	and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Nar	ne	Street or PO Address	City	State	Country	Postal Code
SECRETARY KEV	'IN G RC 'IN G RC 'IN G RC	GERS 1704 E SELTICE WAY	POST FALLS, POST FALLS, POST FALLS,	ID ID	USA USA USA	83854 83854 83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 125730		Signature: Juanita Reynolds Name (type or print): Juanita Reynolds	Date: 07/19/2011 Title: Office Manager			
Processed 07/19/2011	* Electronically provided signatures are accepted as original signatures.					