

No. C 154442		Due no later than Apr 30, 2017 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. NORTH IDAHO ANIMAL HOSPITAL, P.C. ROBERT N PIERCE DVM P O BOX 1021 320 S. ELLA SANDPOINT ID 83864		ROBERT N PIERCE DVM 320 S ELLA POB 1021 SANDPOINT ID 83864			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held DIRECTOR	Name DAWN MEHRA	Street or PO Address P.O. BOX 1021	City SANDPOINT	State ID	Country USA	Postal Code 83864	
5. Organized Under the Laws of: ID C 154442		6. Annual Report must be signed.* Signature: rp Name (type or print): rp Date: 02/21/2017 Title: pres					
Processed 02/21/2017 * Electronically provided signatures are accepted as original signatures.							