

No. W 81577		Due no later than Feb 28, 2017		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. FRY CREEK ANIMAL CLINIC, PLLC BARBARA A DUNCAN 470889 HIGHWAY 95 SAGLE ID 83860		BARBARA T DUNCAN 470889 HWY 95 SAGLE ID 83860			
				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	MARVELEE K HIGGINS	1148 HEATH LAKE ROAD	SAGLE	ID	USA	83860	
5. Organized Under the Laws of: ID W 81577		6. Annual Report must be signed.* Signature: Barbara Duncan Name (type or print): Barbara Duncan					
Date: 12/27/2016 Title: Off Mgr							
Processed 12/27/2016		* Electronically provided signatures are accepted as original signatures.					