No. **W 743**	**Due no later than Dec 31, 2013** **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.** INTERMOUNTAIN ANIMAL HOSPITAL P.L.L.C. ROBERT BEEDE, DVM 800 W OVERLAND RD STE 1 MERIDIAN ID 83642	ROBERT BEEDE, DVM 800 W OVERLAND RD STE 1 MERIDIAN ID 83642 3. New 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	ROBERT BEEDE, DVM	800 W OVERLAND RD	MERIDIAN	ID	USA	83642
MEMBER	BRETT V BINGHAM	800 W OVERLAND RD STE 1	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 743**	Signature: Robert Beede, DVM	Date: 10/21/2013
	Name (type or print): Robert Beede, DVM	Title: DVM, Business Partner

Processed 10/21/2013

* Electronically provided signatures are accepted as original signatures.