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| No. W 85264 | | Due no later than Jul 31, 2015 | | 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 | | AMOREENA SIJAN 3515 W PINERIDGE DR COEUR D ALENE ID 83815 | |
| | | 1. Mailing Address: Correct in this box if needed. LAKE CITY PET HOSPITAL, PLLC AMOREENA SIJAN 902 N LINCOLN WAY COEUR D ALENE ID 83814-2233 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 | AMOREENA K SIJAN | 3515 W PINERIDGE DR | COEUR D ALENE | ID | USA 83815 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 85264 | | Signature: Amoreena Sijan | | Date: 05/28/2015 | |
| | | Name (type or print): Amoreena Sijan | | Title: owner | |
| Processed 05/28/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |