No. C 195382		A AND CONTRACTOR OF THE PARTY O		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DANIEL BORDERS			
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. BORDERS EQUINE CLINIC PA DANIEL BORDERS 7518 LANKTREE LN		-0.0	7518 LANKTREE LN MIDDLETON ID 83644			
		MIDDLETON ID 83644		3. <u>New</u> Regis	3. New Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses o	of President, Secretary, and Directors. Tre	easurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DANIEL BOF	RDERS	7518 LANKTREE LN	MIDDLETON	I ID	USA	83644	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 195382		Signature: daniel b borders, dvm Date: 09/25/2015					5	
		Name (type or print): daniel b borders, dvm			Title	Title: president		
Processed 09/25/201	.5	* Electronically	provided signatures are accepted as orig	inal signatures.			_	