

No. W 180103		Due no later than Mar 31, 2018		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 1. Mailing Address: Correct in this box if needed. VICTOR VETERINARY HOSPITAL PLLC MAURA ANDERSON PO BOX 256 VICTOR ID 83455		BEARD ST CLAIR GAFFNEY PA 2105 CORONADO ST IDAHO FALLS ID 83404-8345			
				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	
MANAGER	MAURA C ANDERSON	PO BOX 256	VICTOR	ID	USA	83455	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 180103		Signature: Maura Connolly Anderson				Date: 05/01/2018	
		Name (type or print): Maura Connolly Anderson				Title: owner	
Processed 05/01/2018		* Electronically provided signatures are accepted as original signatures.					