No. <b>W 184076</b>		Due no later than Jun 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  KELLEEN PARNELL DVM LLC  KELLEEN PARNELL  4086 RULON DR  AMMON ID 83406		4006 BUILON	KELLEEN PARNELL 4086 RULON DR AMMON ID 83406  3. New Registered Agent Signature:*			
				AMMON ID				
NO FILING FEE IF RECEIVED BY DUE DATE		ATTION ID 65	100			<u></u>		
4. Limited Liability Compan	ies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KELLEEN OLE		ETA PARNELL	4086 RULON DR	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: kelleen parnell			Date: 05/19/2018			
W 184076		Name (type or print): kelleen parnell			Title: DVM/owner			
Processed 05/19/2018 * Electronically provided signatures are accepted as original signatures.								