

No. C 154442		Due no later than Apr 30, 2018		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. NORTH IDAHO ANIMAL HOSPITAL, P.C. ROBERT N PIERCE DVM P O BOX 1021 320 S. ELLA SANDPOINT ID 83864		ROBERT N PIERCE DVM 320 S ELLA POB 1021 SANDPOINT ID 83864					
				3. <u>New</u> Registered Agent Signature:*					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
DIRECTOR	DAWN MEHRA	P.O. BOX 1021	SANDPOINT	ID	USA	83864			
5. Organized Under the Laws of: ID C 154442		6. Annual Report must be signed.* Signature: rp Name (type or print): rp Date: 04/22/2018 Title: pres							
Processed 04/22/2018		* Electronically provided signatures are accepted as original signatures.							