No. C 184389	Due no later than Sep 30, 2016		2. I	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form				SESSIONS		
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. SESSIONS VETERINARY, P.C. STANLEY C SESSIONS 350 E. LINDEN		I	350 E. LINDEN BOISE ID 83706-4900			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
	BOISE ID 83706-4900		3. <u>I</u>	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name		Street or PO Address	Ci	ity	State	Country	Postal Code
PRESIDENT STANLEY C	SESSIONS	350 E. LINDEN	ВС	OISE	ID		83706-4900
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Stanley Sessions			Date: 07/28/2016			
C 184389	C 184389 Name (type or print): Stanley Sessions			Title: President			
Processed 07/28/2016	* Electronically provided signatures are accepted as original signatures.						