

No. <b>W 54114</b>		<b>Due no later than Sep 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HABITAT VETERINARY HOSPITAL, PLLC REED M LINENBERGER 3082 S BOWN WAY BOISE ID 83706		REED LINENBERGER 3082 S BOWN WY BOISE ID 83706-8370			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MEMBER	SOHAILA L MALEKI	3082 S BOWN WAY	BOISE	ID	USA	83706	
MANAGER	REED M LINENBERGER	3082 S BOWN WAY	BOISE	ID	USA	83706	
MEMBER	STEVEN R BAKER	3082 S BOWN WAY	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>ID</b> <b>W 54114</b>		6. Annual Report must be signed.*  Signature: Robbie Fahl Name (type or print): Robbie Fahl					
		Date: 07/30/2018 Title: office manager					
Processed 07/30/2018		* Electronically provided signatures are accepted as original signatures.					