No. C 127730		Due no later than Feb 28, 2014 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. SANDPOINT ANIMAL MEDICAL CARE P.C. DR. ROBERT STOLL 871 E. SHINGLE MILL ROAD SANDPOINT ID 83864	DR. ROBERT STOLL 871 E. SHINGLE MILL ROAD SANDPOINT ID 83864 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer ((ontional)				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	ROBERT W HEIDI STOLI	STOLL 871 E. SHINGLE MILL RD.	SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Heidi Stoll Date: 01/09/2014					
C 127730		Name (type or print): Heidi Stoll Title: Secretary					
Processed 01/09/2014	rocessed 01/09/2014 * Electronically provided signatures are accepted as original signatures.						