

No. W 121709	Due no later than Feb 28, 2017 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. MOUNTAIN WEST VETERINARY OPHTHALMOLOGY, PLLC CARRIE BREAUX 5707 WILLOW CREEK RD EAGLE ID 83616		CARRIE BREAUX 5707 WILLOW CREEK RD EAGLE ID 83616			
			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	CARRIE BOROUGHS BREAUX	5707 WILLOW CREEK RD	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 121709	6. Annual Report must be signed.* Signature: Carrie Breaux Name (type or print): Carrie Breaux		Date: 12/29/2016 Title: owner			
Processed 12/29/2016		* Electronically provided signatures are accepted as original signatures.				