

No. W 108929	Due no later than Dec 31, 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. SPRINGWATER VETERINARY SERVICES LLC KRISTA PORTER 8875 N HAUSER LAKE RD HAUSER ID 83854		KRISTA PORTER 8421 N VOGT HAUSER ID 83854			
			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
MANAGER	KRISTA PORTER	8421 VOGT	HAUSER	ID	USA	83854
5. Organized Under the Laws of: ID W 108929	6. Annual Report must be signed.* Signature: krista porter Name (type or print): krista porter		Date: 11/12/2017 Title: manager			
Processed 11/12/2017		* Electronically provided signatures are accepted as original signatures.				