

No. C 67029		Due no later than Jun 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ANIMAL MEDICAL CLINIC, P.A. CLYDE A GILLESPIE 274 S 600 W HEYBURN ID 83336		CYLDE A GILLESPIE 274 SOUTH 600 WEST HEYBURN ID 83336			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	SUSANNA BOSTED	284 S 600 W	HEYBURN	ID	USA	83336	
PRESIDENT	CLYDE A GILLESPIE	284 S 600 W	HEYBURN	ID	USA	83336	
5. Organized Under the Laws of: ID C 67029		6. Annual Report must be signed.* Signature: Sue Bosted Name (type or print): Sue Bosted Date: 04/11/2014 Title: Secretary					
Processed 04/11/2014		* Electronically provided signatures are accepted as original signatures.					