No. C 125865		Due no later than Oct 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			WILLIAM J MAUPIN 16080 EQUINE DR			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO EQUINE HOSPITAL, P.A. DIXIE CHRISTENSEN 16080 EQUINE DR NAMPA ID 83687-8490		NAMPA ID	NAMPA ID 83687 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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	
DIRECTOR	SHANE DAVID SMITH		16080 EQUINE DRIVE	NAMPA	ID	USA	83687	
DIRECTOR	ROBERT S S	SHOEMAKER	16080 EQUINE DRIVE	Nampa	ID	USA	83687	
SECRETARY	ELIZABETH S	COTT	16080 EQUINE DRIVE	Nampa	ID	USA	83687	
PRESIDENT WILLIAM MA		JUPIN	16080 EQUINE DRIVE	NAMPA	ID	USA	83687	
DIRECTOR PETE KNOX			16080 EQUINE DRIVE	NAMPA	ID	USA	83687	
DIRECTOR	KEVIN B WA	AHL	16080 EQUINE DRIVE	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: WILLIAM J MAUPIN			Date: 08/28/2018			
C 125865		Name (type or print): WILLIAM J MAUPIN			Title: PRESIDENT			
Processed 08/28/2018 * Electronically provided signatures are accepted as original signatures.								