No. W 135739 Return to:		Due no later than Mar 31, 2015 Annual Report Form			2. Registered Agent and Address (NO PO BOX) ZACH RAPTOSH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LAKESHORE ANIMAL HOSPITAL, LLC ZACH RAPTOSH 9555 BOOKER LANE NAMPA ID 83686		N/	7762 HWY 45 NAMPA 83686 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
2001		mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	/	State	Country	Postal Code
MEMBER	R ZACH J RAPTOSH		7762 HWY 45	NAN	MPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Zach Raptosh			Date: 02/22/2015			
W 135739		Name (type or print): Zach Raptosh			Title: DVM Owner			
Processed 02/22/2015 * Electronically provided signatures are accepted as original signatures.								