

|  |                |  |       |  |         |  |  |
|--|----------------|--|-------|--|---------|--|--|
| No. <b>C 191558</b>  |                | <b>Due no later than Jun 30, 2015</b><br><b>Annual Report Form</b>   |       | 2. Registered Agent and Address ( <b>NO PO BOX</b> )   |         |  |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TYSON SHIRLEY DVM PROFESSIONAL CORPORATION<br>TYSON R SHIRLEY<br>1007 LAKE LOWELL AVE<br>NAMPA ID 83686 |       | TYSON R SHIRLEY<br>841 SAGE CREEK RD<br>NAMPA ID 83686 |         |  |  |
|  |                |  |       |  |         | 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  | CARRIE SHIRLEY | 841 SAGE CREEK RD  | NAMPA | ID   | USA     | 83686                                      |  |
| PRESIDENT  | TYSON SHIRLEY  | 841 SAGE CREEK RD  | NAMPA | ID   | USA     | 83686                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 191558</b>  |                | 6. Annual Report must be signed.*<br><br>Signature: Carrie Shirley<br>Name (type or print): Carrie Shirley   |       |  |         |  |  |
|  |                | Date: 05/04/2015<br>Title: Secretary   |       |  |         |  |  |
| Processed 05/04/2015   |                | * Electronically provided signatures are accepted as original signatures.  |       |  |         |  |  |