No. **W 33582**	**Due no later than Sep 30, 2013**	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.** BART GILLESPIE, DVM-VETERINARY RELIEF SERVICES, LLC BART GILLESPIE 1011 W HWY 26 BLACKFOOT ID 83221	BART GILLESPIE 1011 W HWY 26 BLACKFOOT ID 83221 3. New 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
MEMBER	BART GILLESPIE	803 1/2 WEST C STREET	MOSCOW	ID	USA	83843
MEMBER	BRIEDI RAE GILLESPIE	803 1/2 WEST C STREET	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 33582**	Signature: Bart Gillespie Name (type or print): Bart Gillespie	Date: 08/11/2013 Title: Member

Processed 08/11/2013 * Electronically provided signatures are accepted as original signatures.