

No. C 146938	Due no later than December 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable  ORCHARD ANIMAL CLINIC, P.A. <del>PAUL MCWILLIAMS</del> Saundra McWilliams 3607 CRESCENT RIM Drive BOISE, ID 83706		PAUL MCWILLIAMS 110 N ORCHARD ST BOISE, ID 83706  3. New Registered Agent Signature  Saundra McWilliams													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																
<table border="1"> <thead> <tr> <th data-bbox="82 357 289 388">Office held</th> <th data-bbox="289 357 536 388">Name</th> <th data-bbox="536 357 982 388">Street or P.O. Address</th> <th data-bbox="982 357 1181 388">City</th> <th data-bbox="1181 357 1313 388">State</th> <th data-bbox="1313 357 1495 388">Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td data-bbox="82 420 437 556">Saundra McWilliams owner</td> <td data-bbox="536 420 982 514">3607 Crescent Rain Drive</td> <td data-bbox="982 420 1181 472">Boise</td> <td data-bbox="1181 420 1313 472">Id.</td> <td data-bbox="1313 420 1495 472">83706</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip		Saundra McWilliams owner	3607 Crescent Rain Drive	Boise	Id.	83706	<p>xx Paul died Aug 22, 2007, I will now be in charge of this business for one year. After that time I cannot own the Practice since I am not a Veterinarian.</p>			
Office held	Name	Street or P.O. Address	City	State	Zip											
	Saundra McWilliams owner	3607 Crescent Rain Drive	Boise	Id.	83706											
5. Organized Under the Laws of: IDAHO C 146938	6. Signature <u>Saundra McWilliams</u> Date <u>10/8/07</u> w: f e 2003786															