

No. C 79139		Due no later than Jul 31, 2009		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. CLARK EQUINE CLINIC, P.A. ALAN G. CLARK, D.V.M. 1000 S 1000 E STAR RT BOX 19 ALBION ID 83311		ALAN G. CLARK, D.V.M. 1000 S 1000E STAR RT BOX 19 ALBION ID 83311		
				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
PRESIDENT	ALAN G. CLARK, DVM	STAR ROUTE, BOX 19	ALBION	ID	USA	83311
SECRETARY	JANET CLARK	STAR ROUTE, BOX 19	ALBION	ID	USA	83311
5. Organized Under the Laws of: ID C 79139		6. Annual Report must be signed.* Signature: Alan G. Clark Name (type or print): Alan G. Clark Date: 07/16/2009 Title: President				
Processed 07/16/2009		* Electronically provided signatures are accepted as original signatures.				