

No. <b>C 98546</b>		<b>Annual Report Form</b> <b>1996</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>		1. Mailing Address - Please Correct, If Not Correct  <b>SHOSHONE VETERINARY HOSPITAL</b> <b>OFER INBAR DVM HOSP., LTD</b> <b>PO BOX 647</b>		<b>OFER INBAR, DVM</b> <b>508 N GREENWOOD</b>  <b>SHOSHONE ID 83352</b>																									
<b>* FIRST NOTICE *</b>		<b>SHOSHONE ID 83352 0647</b>		3. Organized Under the Laws of:  <b>ID C 98546</b>																									
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																													
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Ofer Inbar</td> <td>P.O. Bx 647</td> <td>Shoshone</td> <td>ID</td> <td>83352-0647</td> </tr> <tr> <td>Secretary:</td> <td>N.E.M. Richards</td> <td>P.O. Bx K</td> <td>Shoshone</td> <td>ID</td> <td>83352-0115</td> </tr> <tr> <td>Directors:</td> <td>same as above</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	President:	Ofer Inbar	P.O. Bx 647	Shoshone	ID	83352-0647	Secretary:	N.E.M. Richards	P.O. Bx K	Shoshone	ID	83352-0115	Directors:	same as above	" "	" "	" "	" "
Office held	Name	Street or P.O. Address	City	State	Zip																								
President:	Ofer Inbar	P.O. Bx 647	Shoshone	ID	83352-0647																								
Secretary:	N.E.M. Richards	P.O. Bx K	Shoshone	ID	83352-0115																								
Directors:	same as above	" "	" "	" "	" "																								
5. <b>NATURE OF BUSINESS</b> <del>VETERINARY MEDICINE</del> <del>VETERINARIAN SUPPLIES</del> t noun		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>N.E.M. Richards P</u> Date <u>7/17/96</u> Name <u>N.E.M. Richards</u> Title <u>V.P.</u>																											

ISSUED: 07-06-1996

6749