

No. C 104989		Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MAGIC VALLEY VETERINARY HOSPITAL, PA CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS ID 83301 USA		CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	CONNIE S RIPPEL	1262 PARK MEADOWS DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 104989		6. Annual Report must be signed.* Signature: Connie S. Ripp Name (type or print): Connie S. Ripp					
		Date: 11/18/2012 Title: Dvm					
Processed 11/18/2012 * Electronically provided signatures are accepted as original signatures.							