

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