

No. W 16182	Due no later than August 31, 2005		2. Registered Agent and Office 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 applicable EASTSIDE PET CLINIC, P.L.L.C. THOMAS W MOE 285 S WOODRUFF IDAHO FALLS, ID 83401		THOMAS W MOE DVM 2241 WESTCLIFF DR IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>Thomas Moe</td> <td>285 S. WOODRUFF AVE</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	Thomas Moe	285 S. WOODRUFF AVE	Idaho Falls	ID	83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRESIDENT	Thomas Moe	285 S. WOODRUFF AVE	Idaho Falls	ID	83401										
5. Organized Under the Laws of: IDAHO W 16182	6. Signature <u>Thomas W Moe</u> Date <u>6-7-05</u> Name <u>Thomas W. Moe</u> Title <u>PRESIDENT</u>														

Issued 06/01/2005

Do Not Tape or Staple

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