

No. C 120073	Due no later than Jul 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MIKE COHN DVM 10534 W USTICK RD BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CRITTER CLINIC, P.A. MIKE COHN 10534 W USTICK RD BOISE ID 83704		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
President	Mike Cohn DVM	9705 Apple	Boise ID USA 83704
Vice President	DAVID Cohn PhD	5186 N Pinnacle Point	Tucson AZ USA 85749
Secretary	Bill Cohn	8400 Lenoxa Rd	Leawood KS USA 66206
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO C 120073</div>		6. Signature: <u>Mike Cohn DVM</u> Name (type or print): _____ <div style="text-align: right;"> Date: <u>5/14/12</u> Title: <u>President</u> </div>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM