

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. New 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 4 th St	Boise	ID	USA	83704
Vice President	Mike Cohn DVM	5186 N Pinnacle Point Dr	Tucson	AZ	USA	85749
Secretary	Bill Cohn	8400 Wenona Rd	Leawood	KS	USA	66206
5. Organized Under the Laws of: IDAHO C 120073		6. Signature: <u>Mike Cohn DVM</u> Name (type or print): Date: <u>5/14/12</u> Title: <u>President</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM