

C 125865  
No.

Due no later than October 31, 2003  
Annual Report Form

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable  
IDAHO EQUINE HOSPITAL, P.A.  
16080 EQUINE DR  
NAMPA, ID 83687

2. Registered Agent and Office NO PO BOX

WILLIAM J MAUPIN  
16080 EQUINE DR  
NAMPA, ID 83687

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held Name Street or P.O. Address City State Zip

Pres. William J Maupin DVM

secy/treas T. Stuart Shoemaker DVM

5. Organized Under the Laws of:

IDAHO  
C 125865

6.  
Signature

Name (Typed or  
Printed)

*Lorri McKinney* Date 8-21-03  
Title *BKKPR*