

| No. C 125865 | Due no later than October 31, 2003 Annual Report Form | | 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 | 1. Mailing Address - Correct in this box, if applicable IDAHO EQUINE HOSPITAL, P.A. 16080 EQUINE DR NAMPA, ID 83687 | | WILLIAM J MAUPIN 16080 EQUINE DR NAMPA, ID 83687 | | | | | | | | | | | | | | | | | | |
| 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Pres.</td> <td>William J Maupin DVM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sec/Treas</td> <td>Stuart Shoemaker DVM</td> <td></td> <td></td> <td></td> <td></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> | Pres. | William J Maupin DVM | | | | | Sec/Treas | Stuart Shoemaker DVM | | | | |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | |
| Pres. | William J Maupin DVM | | | | | | | | | | | | | | | | | | | | |
| Sec/Treas | Stuart Shoemaker DVM | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 125865 | | 6. Signature <u>Lori McKinney</u> Date <u>8-21-03</u> Name (Typed or Printed) <u>Lori McKinney</u> Title <u>BKPR.</u> | | | | | | | | | | | | | | | | | | | |