

No. <u>W 16013</u>	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable CALDWELL VETERINARY HOSPITAL, P.L.L GORDON COOPER PO BOX 1212 CALDWELL, ID 83606		GORDON COOPER 1704 EAST CHICAGO CALDWELL, ID 83605		
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Gordon Cooper DVM	P.O. 1212	Caldwell	ID	83605
Partner	Michael Desch DVM	P.O. 1212	Caldwell	ID	83605
5. Organized Under the Laws of: IDAHO W 16013					
6. Signature <u>Gordon Cooper DVM</u> Date <u>5-12-07</u> Name (Typed or Printed) <u>Gordon Cooper DVM</u> Title <u>Manager</u>					

Issued 05/01/2007

Do Not Tape or Seal