

No. W 16013

Due no later than July 31, 2007

Annual Report Form

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

2. Registered Agent and Office NO PO BOX

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.

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

Gordon Cooper DVM

Date

5-12-07

Name (Typed or Printed)

Gordon Cooper DVM

Title

Manager

Issued 05/01/2007

Do Not Take This Form

200705010001