


No. C 63653	Due no later than April 30, 2005 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	2. Registered Agent and Office NO PO BOX												
	HAWTHORNE ANIMAL HOSPITAL, P. A. LONNA GERSTNER 5011 HAWTHORNE ROAD POCATELLO, ID 83201	LONNA GERSTNER, D.V.M. 5011 HAWTHORNE ROAD POCATELLO, ID 83201 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>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Lonna Gerstner</td> <td>5011 Hawthorne Rd.</td> <td>Pocatello</td> <td>ID</td> <td>83202</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Lonna Gerstner	5011 Hawthorne Rd.	Pocatello	ID	83202
Office held	Name	Street or P.O. Address	City	State	Zip									
President	Lonna Gerstner	5011 Hawthorne Rd.	Pocatello	ID	83202									
5. Organized Under the Laws of: IDAHO C 63653	6. Signature  Name (Typed or Printed): Lonna Gerstner	Date 2/17/05 Title President												

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Do Not Tape or Staple

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