Vo. c122411	Annual Report Form Oue No Later Than November 3		0 1999	2. Registered Age	nt and Office N	OT A P.O. BOX
Return to: SECRETARY OF STAT 700 WEST JEFFERSO PO BOX 83720	E I Mailing Add	T Mailing Address Please Correct if Not Correct FREMONT VETERINARY CLINIC, P JOHN W SHARP PO BUX 22		JOHN W SHARP 1075 S YELLOWSTONE ST. ANTHONY 10 83445 3. Organized Under the Laws of:		
BOISE, ID 83720-0080 NO FEE REQUIRED	JOHN W					
* FIRST NOTICE * ST. 4. Corporations: Enter Names and Business A Limited Liability Companies: Enter Names		ANTHONY ID 33445 Addresses of President, Secretary and Directors		ID C122411		
Office held	Name	Street or P.O. Address	☐ Members (check one) <u>City</u>	State	Zip
President	John Sharp	P 0 BOX 22	St	Anthony	ID	83445
Secretary	Evelinda R Shar	P 0 BOX 22	St	Anthony	ID	83445
Signature of New R		WARRAINE	Cha.D		7 26 6	
	TETT A A SAMPLE OF THE SAMPLE	Signature WWW VIK Name Car THIN W	SHHRP	Date _, , Title _	7-25-3 VABSI DA	ent
ISSUED: 07-03-1999				11183		
						Taring ATH