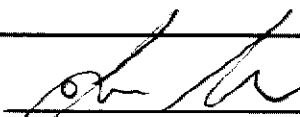


No. C 98546	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct SHOSHONE VETERINARY HOSPITAL OFER INBAR DVM PO BOX 647		OFER INBAR 508 N GREENWOOD SHOSHONE ID 83352
	3. Organized Under the Laws of: SHOSHONE ID 83352 0647		ID C 98546
* FIRST NOTICE *			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	OFER INBAR	P.O BOX 647	SHOSHONE ID 83352
Secretary	N.E.M RICHARDS	P.O BOX 7	SHOSHONE ID 83352
5. Signature of New Registered Agent		6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Signature  Name (Typed or Printed) OFER INBAR </div> <div> Date 7-14-99 Title President </div> </div>	

ISSUED: 07-03-1999

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