

No. **C 44725**

Due no later than December 31, 2005

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

JEFFREY ANDERSON
10298 S ROBIN RD
MCCAMMON, ID 83250

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ALPINE ANIMAL HOSPITAL, P.A.
JEFFREY ANDERSON
10298 S ROBIN D
MCCAMMON, ID 83250

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held

Name

Street or P.O. Address

City

State

Zip

President

Jeffrey F. Anderson, DVM

10298 South Robin Road

Mccammon Id

83250

5. Organized Under the Laws of:

IDAHO
C 44725

6.

Signature

Jeffrey F. Anderson, DVM

Date

10-17-05

Name

(Typed or
Printed)

Jeffrey F. Anderson, DVM

Title

President

Issued 10/03/2005

Do Not Tape or Staple

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