

No. C117210	<b>Annual Report Form</b> Due No Later Than November 30, 1997		2. Registered Agent and Office <b>NOT A P.O. BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  ST. FRANCIS PET CLINIC, P.A. KARSTEN FOSTVEDT P.O. BOX 5248  KETCHUM ID 83340		KARSTEN FOSTVEDT UNITA, 10TH ST. CENTER KETCHUM ID 83340  3. Organized Under the Laws of: ID C117210												
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Karsten A. Fostvedt</td> <td>P.O. Box 5248</td> <td>Ketchum</td> <td>Id</td> <td>83340</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Karsten A. Fostvedt	P.O. Box 5248	Ketchum	Id	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Karsten A. Fostvedt	P.O. Box 5248	Ketchum	Id	83340										
5.	6. Signature <u>Karsten A. Fostvedt</u> Date <u>7-15-97</u> Name (Typed or Printed) _____ Title _____														

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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