

No. C 104989	Due no later than Jan 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
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 MAGIC VALLEY VETERINARY HOSPITAL, P CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS, ID 83301		CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 15%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> President } Vice President } Secretary } </td> <td style="vertical-align: top;"> Connie Rippel </td> <td style="vertical-align: top;"> Magic Valley Vet Hosp 542 Main Ave S </td> <td style="vertical-align: top;"> Twin Falls </td> <td style="vertical-align: top;"> ID. </td> <td style="vertical-align: top;"> 83301 </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 } Vice President } Secretary }	Connie Rippel	Magic Valley Vet Hosp 542 Main Ave S	Twin Falls	ID.	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President } Vice President } Secretary }	Connie Rippel	Magic Valley Vet Hosp 542 Main Ave S	Twin Falls	ID.	83301										
5. Organized Under the Laws of: IDAHO C 104989		6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Connie S Rippel, DVM</u></td> <td style="width: 40%;">Date <u>12/12/01</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Connie S. Rippel</u></td> <td>Title <u>DVM</u></td> </tr> </table>		Signature <u>Connie S Rippel, DVM</u>	Date <u>12/12/01</u>	Name (Typed or Printed) <u>Connie S. Rippel</u>	Title <u>DVM</u>								
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