

No. 080847	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988	2. Registered Agent and Office																								
Return To		THOMAS W. MOE																								
Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE JUN 10 1988	1. Mailing Address — Please Correct 080847	285 S. WOODRUFF AVENUE IDAHO FALLS, IDAHO 83401																								
4. Names and Addresses of Officers and Directors		3. Incorporated Under The Laws of STATE OF IDAHO																								
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Thomas W. Moe DVM</td> <td>285 S. Woodruff Ave</td> <td>Idaho Falls</td> <td>Id</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>Mary C. Moe</td> <td>285 S. Woodruff Ave</td> <td>Idaho Falls</td> <td>Id</td> <td>83401</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Thomas W. Moe DVM	285 S. Woodruff Ave	Idaho Falls	Id	83401	Secretary:	Mary C. Moe	285 S. Woodruff Ave	Idaho Falls	Id	83401	Directors:					
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5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																									
VETERINARY Hospital	<table border="1"> <tr> <td>Signature</td> <td>Thomas W. Moe, DVM PA</td> <td>Date</td> <td>7-11-88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Thomas W. Moe DVM PA</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>		Signature	Thomas W. Moe, DVM PA	Date	7-11-88	Name (Typed or Printed)	Thomas W. Moe DVM PA	Title	PRESIDENT																
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