

No. C 32615	Annual Report Form Due No Later Than November 30, 1995		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct PET COMPLEX, P.A. MARTIN J BECKER 250 SECOND AVE S STE B2 TWIN FALLS ID 83301		MARTIN J BECKER 250 SECOND AVE S STE B2 TWIN FALLS ID 83301																		
	3. Organized Under the Laws of: ID C 82616																				
	4. Corporations: Enter Names and 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)																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 15%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Martin Becker, DVM</td> <td>250 2nd Ave S #B2</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Terese Becker, DVM</td> <td>250 2nd Ave S #B2</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Martin Becker, DVM	250 2nd Ave S #B2	Twin Falls	ID	83301	Secretary	Terese Becker, DVM	250 2nd Ave S #B2	Twin Falls	ID	83301
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5. NATURE OF BUSINESS VETERINARY-PET STORE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Dr. Marty Becker</u> Date <u>7/23/96</u> Name (Typed or Printed) <u>Dr. Marty Becker</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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