

Due no later than Jan 31, 2001

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080NO FILING FEE IF
RECEIVED BY DUE DATE1. Mailing Address - Correct in this box, if applicable
MAGIC VALLEY VETERINARY HOSPITAL, PACONNIE S RIPPEL
542 MAIN AVE S

TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**CONNIE S RIPPEL
542 MAIN AVE S

TWIN FALLS, ID 83301

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President Secretary Treasurer	Connie Rippel	542 Main Ave S	Twin Falls	ID.	83301

5. Organized Under the Laws of:

IDAHO
C 104989

6.

Signature

Connie S Rippel, DVM

Date

11/18/00

Name
(Typed or
Printed)

Connie S. Rippel

Title:

~~XXXX~~

DVM

Issued 11/01/2000

Do Not Tape or Staple