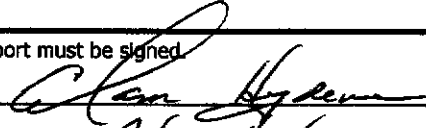


| | | | | |
|---|---|---|---|-------------------------|
| No. C 114451 | Due no later than 4/30/2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | ALAN HYDE 2588 WATERWHEEL RD EMMETT ID 83617 | |
| | ANIMAL MEDICAL CENTER, P.A. ALAN HYDE 2588 WATERWHEEL RD EMMETT ID 83617 | | | |
| 3. <u>New</u> Registered Agent Signature: | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. | | | | |
| Office Held | Name | Street or PO Address | City | State Zip |
| President | Alan Hyde, DVM | 2588 Waterwheel | Emmett | ID 83617 |
| Secretary | Kim Severance | 2588 Waterwheel | Emmett | ID. 83617 |
| 5. Organized Under the Laws of: | | | | |
| ID C 114451 | | 6. Annual Report must be signed | | |
| | | Signature:  | | Date: <u>2-21-09</u> |
| | | Name(type or print): <u>Alan Hyde, DVM</u> | | Title: <u>President</u> |