

No. **C 104989**

Due no later than January 31, 2006
Annual Report Form

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

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.

Office held

Name

Street or P.O. Address

City

State

Zip

President }
Secretary }

Connie S. Rippel

542 Main Ave S

Twin Falls

IO.

83301

5. Organized Under the Laws of:

IDAHO
C 104989

6.

Signature

Connie S. Rippel

Date

11/10/05

Name (Typed or
Printed)

Connie S. Rippel

Title

DVM