

REINSTATEMENT

FILED EFFECTIVE

No. C 106615	Annual Report Form ADMIN DISSOLVED 09/04/2003		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 FEE DUE \$30.00	1 Mailing Address Correct in this box, if applicable FAMILY PET VETERINARY CLINIC, P.A. DEBORAH D BARTON 8501 W FRANKLIN RD BOISE, ID 83709		DEBORAH D BARTON 8501 W FRANKLIN RD BOISE, ID 83709 3. <u>New</u> registered agent signature													
4. Corporations: Enter Names and Business 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"> <thead> <tr> <th>Office held</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>DEBORAH D. BARTON</td> <td>4696 N. TUMBLEWEED PL</td> <td>BOISE</td> <td>IA</td> <td>83713</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DEBORAH D. BARTON	4696 N. TUMBLEWEED PL	BOISE	IA	83713
Office held	Name	Street or P.O. Address	City	State	Zip											
PRESIDENT	DEBORAH D. BARTON	4696 N. TUMBLEWEED PL	BOISE	IA	83713											

5. Organized under the laws of: IDAHO C 106615	6. Signature <u>Deborah D. Barton</u> Date <u>9-15-03</u> Name (Typed or Printed) <u>DEBORAH D. BARTON</u> Title <u>PRESIDENT</u>
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Issued 09/10/2003