

No. W 46135

Due no later than January 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ANIMAL MEDICAL CENTER OF NORTH IDAH

FRANK CLOVIS

~~340 N HERBORN PL~~~~POST FALLS, ID 83854~~

1902. E Sherman Ave.

Coard'Atene ID
83814FRANK CLOVIS
310 N HERBORN PL
POST FALLS, ID 838541902. E. Sherman Ave
Coard'Atene ID 83814NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
owner-mgr	Dennis W. Thamer	1902. E. Sherman Ave	Coard'Atene	ID	83814

5. Organized Under the Laws of:

IDAHO
W 46135

6.

Signature

Date

11/13/06

Name (Typed or Printed)

F. D. Clovis DVM

Title

owner-mgr.