

No. W 46135

Due no later than January 31, 2007
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

ANIMAL MEDICAL CENTER OF NORTH IDAH
FRANK CLOVIS
~~340 N HERBORN PL~~ 1902. E Sherman Ave.
~~POST FALLS, ID 83854~~

Grand'Alene ID
83814

2. Registered Agent and Office NO PO BOX

FRANK CLOVIS
~~340 N HERBORN PL~~
~~POST FALLS, ID 83854~~
1902. E Sherman Ave.
Grand'Alene ID 83814

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
owner-mgr	Dennis W. Thorne	1902. E. Sherman Av	Grand'Alene	ID	83814

5. Organized Under the Laws of:

IDAHO
W 46135

6.

Signature

Name (Typed or
Printed)

F. D. Clovis DVM

Date 11/13/06

Title owner-mgr