

No. C 120073

Due no later than July 31, 2006

Annual Report Form

Return to:

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

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

CRITTER CLINIC, P.A.
MIKE COHN
10534 W USTICK RD
BOISE, ID 837042. Registered Agent and Office **NO PO BOX**MIKE COHN DVM
10534 W USTICK RD
BOISE, ID 83704**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Mike Cohn DVM	9705 Apple	Boise	Id	83704
Vice President	David Cohn	5186 N Pinnacle Pl. Dr.	Tucson	Az	85749
Secretary	Bill Cohn	8400 Wenona Rd	Leawood	Ks	66206

5. Organized Under the Laws of:

IDAHO
C 120073

6.

Signature



Date

5/31/06

Name (Typed or Printed)

Mike Cohn DVM

Title

President

Issued 05/01/2006

Do Not Tape or Staple

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