No. <b>C 121508</b>		Due no later than Nov 30, 2009		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BLUE CROSS VETERINARY CLINIC, CHTD.  VALERE C OLSON 743 S CHALLIS  SALMON ID 83467 USA  Dess Addresses of President, Secretary, and Directors. Treasurer (		743 S CHALL	RENEE RIGGLEMAN 743 S CHALLIS SALMON ID 83467			
					3. New Registered Agent Signature:*			
The same of the sa		ess Addresses of			Ctata	Carratan	Deetel Code	
SECRETARY \	Name VALERIE C OLSON RENEE RIGGLEMAN		Street or PO Address 151 GEERTSON CREEK RD 743 S. CHALLIS STREET	City SALMON SALMON	State ID ID	Country USA USA	Postal Code 83467 83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 121508		Signature: Re	Da	Date: 09/15/2009				
		Name (type o	Tit	Title: Owner/president				
Processed 09/15/2009	* Electronically provided signatures are accepted as original signatures.							