

No. W 37071	Due no later than February 28, 2006 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		LISA VANPELT DVM 661 N HOOPER AVE SODA SPRINGS, ID 83276													
	CARIBOU PET CARE, PLLC 661 N HOOPER AVE SODA SPRINGS, ID 83276		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Lisa VanPelt Dvm</td> <td>661 N. Hooper Ave</td> <td>Soda Springs</td> <td>ID</td> <td>83276</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Lisa VanPelt Dvm	661 N. Hooper Ave	Soda Springs	ID	83276
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Lisa VanPelt Dvm	661 N. Hooper Ave	Soda Springs	ID	83276											
5. Organized Under the Laws of: IDAHO W 37071		6. Signature <u>Lisa VanPelt Dvm</u> Date <u>12-20-05</u> Name <small>(Typed or Printed)</small> <u>Lisa VanPelt</u> Title <u>Dvm/Member</u>														

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