

No.

C 62828

## Annual Report Form

Due No Later Than November 30, 1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:

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

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

PRAIRIE ANIMAL HOSPITAL, P.A.  
DAVID F. TESTER  
P. O. BOX 788

DAVID F. TESTER  
W. 920 PRAIRIE AVENUE

COEUR D'ALENE ID 83814

3. Organized Under the Laws of:

\* FIRST NOTICE \*

HAYDEN LAKE ID 83835

ID C 62828

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

PRESIDENT	DAVID F. TESTER	W. 920 PRAIRIE AVE	COEUR D'ALENE	ID.	83814
Vice-PRES.	JON C. BLOXHAM	W. 920 PRAIRIE AVE	COEUR D'ALENE	ID.	83814
SECRETARY	JAMES R. MEYER	W. 920 PRAIRIE AVE	COEUR D'ALENE	ID.	83814

5.

NATURE OF BUSINESS

VETERINARY PRACTICE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature David F. TesterDate 7-26-96Name (Typed or Printed) DAVID F. TESTERTitle PRESIDENT

ISSUED: 07-06-1996

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