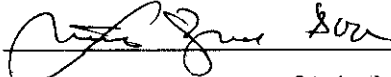


No. C 126321	Due no later than Nov 30, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable TWIN FALLS VETERINARY CLINIC AND HO 2148 4TH AVE EAST TWIN FALLS, ID 83301	ZSIGMOND SZANTO 802 SUNRISE BLVD N TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>ZSIGMOND SZANTO, DVM</td> <td>2148 4TH AVE EAST</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>EDIT SZANTO</td> <td>802 SUNRISE BLVD N</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	ZSIGMOND SZANTO, DVM	2148 4TH AVE EAST	TWIN FALLS	ID	83301	SECRETARY	EDIT SZANTO	802 SUNRISE BLVD N	TWIN FALLS	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip															
PRESIDENT	ZSIGMOND SZANTO, DVM	2148 4TH AVE EAST	TWIN FALLS	ID	83301															
SECRETARY	EDIT SZANTO	802 SUNRISE BLVD N	TWIN FALLS	ID	83301															
5. Organized Under the Laws of: IDAHO C 126321	6. Signature  Date <u>9/18/2000</u> Name (Typed or Printed) <u>ZSIGMOND SZANTO</u> Title: <u>PRESIDENT</u> XXXX																			