No. **C 131898**	**Due no later than Jan 31, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** VISTA ANIMAL HOSPITAL, P.A. DAVID SCHULZ 510 W HIGHLAND VIEW DR BOISE ID 83702	ROBERT A WREGGELSWORTH 225 N 9TH ST STE 210 BOISE ID 83702 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	JERI SCHULZ	510 W HIGHLAND VIEW DR	BOISE	ID	USA	83702
PRESIDENT	DAVID A SCHULZ	510 W HIGHLAND VIEW DR.	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 131898**	Signature: David A. Schulz	Date: 01/25/2012
	Name (type or print): David A. Schulz	Title: President

Processed 01/25/2012

* Electronically provided signatures are accepted as original signatures.