

Annual Report Form

Due No Later Than November 30,

1998

2. Registered Agent and Office **NOT A P.O. BOX**JOCELYN MCCANDLESS
255 S AGATE AVE

VICTOR ID 83455

3. Organized Under the Laws of:

ID C122561

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

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

VICTOR VETERINARY HOSPITAL,
JOCELYN MCCANDLESS
PO BOX 530

VICTOR

ID 83455

4. Corporations: Enter Names and Business 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
Secretary

JOCELYN MCCANDLESS

PO BOX 530

VICTOR

Idaho

83455

DAVID MCCANDLESS

P.O. BOX 530

VICTOR

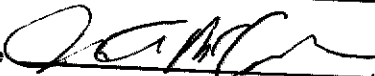
Idaho

83455

5. Signature of New Registered Agent

6.

Signature



Date

7/15/98

Name (Typed or Printed)

JOCELYN MCCANDLESS

Title

OVM, Pres.

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

11000