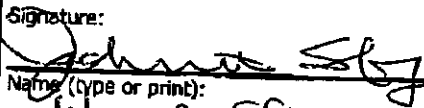


No. C 125811		Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) JOHN A SFINGI 300 S 129 E JEROME ID 83338															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUMMIT LARGE ANIMAL CLINIC, P.A. JOHN A SFINGI 300 S 129 E JEROME ID 83338																	
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>President</td><td>John Sfingi</td><td>300 S 129 E</td><td>Jerome, ID</td><td></td><td></td><td>83338</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	John Sfingi	300 S 129 E	Jerome, ID			83338
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
President	John Sfingi	300 S 129 E	Jerome, ID			83338													
5. Organized Under the Laws of: IDAHO C 125811		6. Signature:  Name (type or print): John A. Sfingi, DVM		Date: 12/14/12 Title: owner															
Issued 12/13/2012 by DK1																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM