| No. C 97347 | Due no later than Jan 31, 2008 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|----------------------|------------------------|---|-------------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON | Annual Report Form 1. Mailing Address: Correct in this box if needed. GEM VETERINARY CLINIC, P.A. FINEAS HUGHBANKS 238 MAIN GOODING ID 83330 | | 238 MAIN | FINEAS HUGHBANKS 238 MAIN GOODING ID 83330 3. New Registered Agent Signature:* | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | | | 2 Now Pogistor | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | GOODING ID | 83330 | 3. <u>New</u> Register | ed Agent S | ignature: " | | |
| 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 NANCY E H | HUGHBANKS | 238 MAIN ST. | GOODING | ID | USA | 83330 | |
| 5. Organized Under the Laws of: | 6. Annual Repor | | | | | | |
| ID | Signature: CJ Fattig | | Da | Date: 11/10/2007 | | | |
| C 97347 | Name (type or print): CJ Fattig | | Tit | Title: Bookkeeper | | | |
| Processed 11/10/2007 | * Electronically provided signatures are accepted as original signatures. | | | | | | |