No. C 146938	Due no later than December 31, 200) 6	2. Registered Ager	nt and Office NO PO BO
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if application ORCHARD ANIMAL CLINIC, P.A. PAUL MCWILLIAMS 3607 CRESCENT RIM BOISE, ID 83706	ble 🗀	PAUL MCWILLIAM 110 N ORCHARD BOISE, ID 83706 3. New Registered	ST
NO FILING FEE IF RECEIVED BY DUE DATE				
Corporations: Enter Name	es and Business Addresses of President, Sec		and Directors.	=-
Office held Name	Street or P.O. Address	<u>City</u>	State	
~		Bois	o ID	83706
President Paul M.	cliphania 110 N. Orchand			
President Paul M Secretary Director	cirllain 110 N. orchard			
President Paul M Secretary Director	clirbbains 110 N. Orchard			
President Secretary Director 5. Organized Under the Laws of: IDAHO C 146938	6. Signature Paul McWill Name Printed) Praul McWil	lliam		10-10-06 resident

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