No. C 104989		Due no later than Jan 31, 2010		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
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 needed. MAGIC VALLEY VETERINARY HOSPITAL, PA CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS ID 83301 USA		542 MAIN AVE	CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
				3. <u>New</u> Registere				
NO FILING FEE IF RECEIVED BY DUE DATE								
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	
PRESIDENT C	PRESIDENT CONNIE S RIPPEL		1262 PARK MEADOWS DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Co		Date: 01/18/2010				
C 104989		Name (type or		Title: D.v.m.				
Processed 01/18/2010 * Electronically provided signatures are accepted as original signatures.								