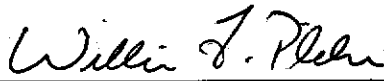
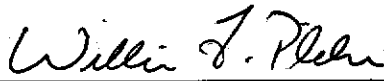
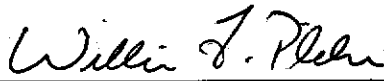


No. C 134587	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM F PILCHER 215 S 45TH AVE CALDWELL ID 83605															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CONGER SMALL ANIMAL HOSPITAL P.C. WILLIAM F PILCHER 215 S 45TH AVE CALDWELL ID 83605		3. <u>New</u> Registered Agent Signature. 															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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 & Treasurer</td> <td>William F. Pilcher</td> <td>215 S 45th Ave</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83605</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President & Treasurer	William F. Pilcher	215 S 45 th Ave	Caldwell	ID	USA	83605
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5. Organized Under the Laws of: IDAHO C 134587		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 9-23-2010</td> </tr> <tr> <td>Name (type or print): William F. Pilcher</td> <td>Title: President</td> </tr> </table>			Signature: 	Date: 9-23-2010	Name (type or print): William F. Pilcher	Title: President										
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Issued 09/20/2010 by SLD																		