

No. <b>C 67029</b>	<b>Due no later than Jun 30, 2001</b>		2. Registered Agent and Office <b>NO PO BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		CYLDE A. GILLESPIE
	1. Mailing Address - Correct in this box, if applicable ANIMAL MEDICAL CLINIC, P.A. CLYDE A GILLESPIE 284 S 600 W  HEYBURN, ID 83336		284 SOUTH 600 WEST, PO BOX 130  HEYBURN, ID 83336  3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
President	Clyde Gillespie	284 S 600 W.	Heyburn
Id	83336		
Secretary	Sue Bosted	284 S. 600 W.	Heyburn
Id	83336		
5. Organized Under the Laws of:  IDAHO C 67029		6. Signature <i>Clyde A Gillespie</i>  Name (Typed or Printed) <u>Clyde A. Gillespie</u>	Date <u>4/6/01</u> Title: <u>President</u> <del>X</del> <del>XXXX</del>