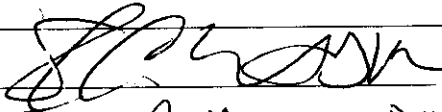
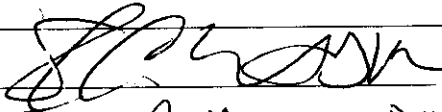
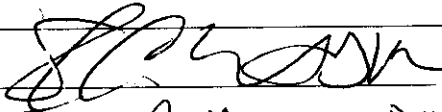


No. W 16182 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable EASTSIDE PET CLINIC, P.L.L.C. THOMAS W MOE 2241 WESTCLIFF DR <u>285 S. Woodruff</u> IDAHO FALLS, ID 83402 <u>83401</u>	2. Registered Agent and Office NO PO BOX THOMAS W MOE DVM 2241 WESTCLIFF DR IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Thomas W Moe</td> <td>285 S Woodruff Ave</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>manager</td> <td>Shaun C Merchant</td> <td>285 S Woodruff Ave</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Thomas W Moe	285 S Woodruff Ave	Idaho Falls	ID	83401	manager	Shaun C Merchant	285 S Woodruff Ave	Idaho Falls	ID	83401
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5. Organized Under the Laws of: IDAHO W 16182	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>6/14/02</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>SHAUN C MERCHANT DVM</u></td> <td>Title <u>Manager</u></td> </tr> </table>		Signature 	Date <u>6/14/02</u>	Name (Typed or Printed) <u>SHAUN C MERCHANT DVM</u>	Title <u>Manager</u>														
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