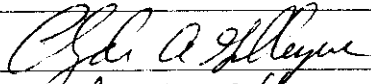
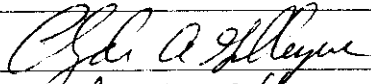
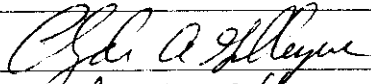


No. C 67029	Due no later than June 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX CYLDE A. GILLESPIE 284 SOUTH 600 WEST, PO BOX 1309 HEYBURN, ID 83336																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ANIMAL MEDICAL CLINIC, P.A. CLYDE A GILLESPIE 284 S 600 W HEYBURN, ID 83336	3. New Registered Agent Signature 																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Clyde Gillespie</td> <td>284 S 600 W</td> <td>Heyburn</td> <td>Id</td> <td>83336</td> </tr> <tr> <td>Secretary</td> <td>Sue Bosted</td> <td>284 S 600 W</td> <td>Heyburn</td> <td>Id</td> <td>83336</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Clyde Gillespie	284 S 600 W	Heyburn	Id	83336	Secretary	Sue Bosted	284 S 600 W	Heyburn	Id	83336
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