| N- 0.44040 | Due no later than November 30, 2003 | 2. Registered Agent and Office NO PO BOX |
|--|--|---|
| No. C 141243 Return to: | Annual Report Form 1. Mailing Address - Correct in this box, if applicable | TRACY M RIDGEWAY DVM E 1600 SELTICE WY |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | APPLEWAY VETERINARY CLINIC, P.A. TRACEY M RIDGEWAY DVM E 1600 SELTICE WY | POST FALLS, ID 83854 3. New Registered Agent Signature |
| NO FILING FEE IF | POST FALLS, ID 83854 | |
| Office held Name President Dr. Tru Sicritary Dr. Fatt | ames and Business Addresses of President, Secret Street or P.O. Address CI A Ricksenty Ellow Sethice Way Poss Ly Ponozzo 1827 Pomers Dr. Lew | + falls ID 83854 0,5 km ID 8350/ |
| | | |
| 5. Organized Under the Laws of IDAHO C 141243 | Signature Manual Manual | Dete 11/7/2003 1. JVM Title Kresident |