

No. C 79139

Due no later than July 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CLARK EQUINE CLINIC, P.A.
ALAN G. CLARK, D.V.M.
1000 S 1000 E
STAR RT BOX 19
ALBION, ID 83311

ALAN G. CLARK, D.V.M.
1000 S 1000E
STAR RT BOX 19
ALBION, ID 83311

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New 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>
PRES.	ALAN G. CLARK	1000 So 1000 E.	ALBION	Id.	83311
SEC.	JANET N. CLARK	1000 So 1000 E.	ALBION	Id.	83311

5. Organized Under the Laws of:
IDAHO
C 79139

6.

Signature

Alan G. Clark DVM

Date JULY 27, 2008

Name (Typed or Printed)

ALAN G. CLARK DVM

Title PRES.