

No. 080847	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1987	THOMAS W. MOE 285 S. WOODRUFF AVENUE IDAHO FALLS, IDAHO 83401
	1. Mailing Address — Please Correct 080847	
	THOMAS W. MOE DVM, P. A. THOMAS W. MOE, DVM 285 S. WOODRUFF AVENUE IDAHO FALLS, IDAHO 83401	3. Incorporated Under The Laws ENTERED of STATE OF IDAHO JUL 13 1987

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SEC. OF STATE

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Thomas W. Moe, DVM	2241 Westliff Dr.	Idaho Falls	ID	83402
Secretary:	Mary C. Moe	2241 Westliff Dr.	Idaho Falls	ID	83402
Directors:	SAME				

5. Nature of Business VETERINARY Hospital	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table> <tr> <td>Signature <u>Thomas W. Moe, DVM P.A.</u></td> <td>Date <u>6-30-87</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Thomas W. Moe, DVM, P.A.</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature <u>Thomas W. Moe, DVM P.A.</u>	Date <u>6-30-87</u>	Name (Typed or Printed) <u>Thomas W. Moe, DVM, P.A.</u>	Title <u>President</u>
Signature <u>Thomas W. Moe, DVM P.A.</u>	Date <u>6-30-87</u>				
Name (Typed or Printed) <u>Thomas W. Moe, DVM, P.A.</u>	Title <u>President</u>				