

No. C 104989

Due no later than January 31, 2009
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

MAGIC VALLEY VETERINARY HOSPITAL, P
CONNIE S RIPPEL
542 MAIN AVE S
TWIN FALLS, ID 83301CONNIE S RIPPEL
542 MAIN AVE S
TWIN FALLS, ID 83301NO FILING FEE IF
RECEIVED BY DUE DATE3. 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>
President	Connie Rippel	1262 Park Meadows Drive	Twin Falls	ID.	83301
Secretary	Connie Rippel	" " "	"	"	"

5. Organized Under the Laws of:

IDAHO
C 104989

6.

Signature

Connie S. Rippel, DVM

Date

1/27/09

Name (Typed or Printed)

Connie S. Rippel

Title

President