

74040 No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992 1. Mailing Address - Please Correct If Not Correct IDAHO VETERINARY MEDICAL ASSOCI JAMES R. LA GRONE PAUL BOSARGE P.O. BOX 84 P.O. BOX 6573 BOISE CASTLEFORD ID 83321 0000	2. Registered Agent and Office NOT A P.O. BOX JAMES R. LA GRONE PAUL BOSARGE 3680 NORTH 800 EAST 1201 Colorado Ave. Boise 83706 CASTLEFORD ID 83321 3. Incorporated Under The Laws of ID NO: 12646																																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Ben Risa</td> <td>DVM</td> <td>401 W. Collins St</td> <td>Blackfoot</td> <td>ID 83221</td> </tr> <tr> <td>Secretary: Darwin Hoder</td> <td>DVM</td> <td>Rt. 2 Box 56</td> <td>Wentworth</td> <td>ID 83355</td> </tr> <tr> <td>Directors: J. J. Smiley</td> <td>DVM</td> <td>7827 Fairview Ave.</td> <td>Boise</td> <td>83704</td> </tr> <tr> <td>Gordon L. Woods</td> <td>DVM</td> <td>Vet Science Bldg.</td> <td>UNV of IDAHO</td> <td>MOSCOW, ID 83843</td> </tr> <tr> <td>Margaret Kethler</td> <td>DVM</td> <td>323 S. Lily</td> <td>MOSCOW</td> <td>ID 83843</td> </tr> <tr> <td>Jack Walker</td> <td>DVM</td> <td>Rt. 2 Box 252 B</td> <td>Wetson</td> <td>ID 83678</td> </tr> <tr> <td>Bob Hillman</td> <td>DVM</td> <td>P.O. Box 7249</td> <td>Boise</td> <td>ID 83707</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: Ben Risa	DVM	401 W. Collins St	Blackfoot	ID 83221	Secretary: Darwin Hoder	DVM	Rt. 2 Box 56	Wentworth	ID 83355	Directors: J. J. Smiley	DVM	7827 Fairview Ave.	Boise	83704	Gordon L. Woods	DVM	Vet Science Bldg.	UNV of IDAHO	MOSCOW, ID 83843	Margaret Kethler	DVM	323 S. Lily	MOSCOW	ID 83843	Jack Walker	DVM	Rt. 2 Box 252 B	Wetson	ID 83678	Bob Hillman	DVM	P.O. Box 7249	Boise	ID 83707
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5. Nature of Business Non-Profit Assoc.	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Paul Bosarge Date 7/29/92 Name (Typed or Printed) PAUL BOSARGE Title EX. DIR.																																									