No. C 44725		Due no later than Dec 31, 2009 2. Registered Agent and Address (NO PO BOX)					PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALPINE ANIMAL HOSPITAL, P.A. JEFFREY ANDERSON 10298 S ROBIN D MCCAMMON ID 83250		10298 S ROBI MCCAMMON	JEFFREY ANDERSON 10298 S ROBIND RD MCCAMMON ID 83250 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of P	resident, Secretary, and Directors. Treas	surer (ontional)				
Office Held	Name	iess / idai esses of f	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JEFFREY F	ANDERSON	10298 SOUTH ROBIN ROAD	MCCAMMON	ID	USA	83250	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 44725		Signature: J.F.		Date: 10/20/2009				
		Name (type or		Title: President				
Processed 10/20/2009	* Electronically provided signatures are accepted as original signatures.							