

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