

No. C 111823

Due no later than August 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

MICHAEL O NIELD
629 W SUNNYSIDE RD
IDAHO FALLS, ID 83402

3. New Registered Agent Signature

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
SUNNYSIDE VETERINARY CLINIC, P.A.
MICHAEL O NIELD
629 W SUNNYSIDE RD
IDAHO FALLS, ID 83402

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address
President	Michael O Nield	1140 E 1250N
Secretary	Michelle Nield	1140 E 1250N

City
Shelley
Shelley

State
ID
ID

Zip
83274
83274

5. Organized Under the Laws of:
IDAHO
C 111823

6.

Signature

Name (Typed or Printed)

Michael O. Nield

Date

Title

6/18/08

President

200808001455

Do Not Tape or Staple