


No. <b>C 120073</b>	<b>Due no later than Jul 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MIKE COHN DVM 10534 W USTICK RD BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CRITTER CLINIC, P.A. MIKE COHN 10534 W USTICK RD BOISE ID 83704		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.			
Office Held      Name      Street or PO Address      City      State      Country      Postal Code			
President      Mike Cohn DVM      9205 Applj      Boise      ID      USA      83704			
Vice President      DAVID Cohn PHD      15955 W Telecom Marana      Marana      AZ      USA      85653			
Secretary      Bill Cohn      Marana Rd 8400 Wenona Rd      Leawood      KS      USA      66206			
Treasurer      M. Parker Cohn <del>2454</del> 3722 Albatross E      San Diego      CA      USA      92103			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              C 120073           </div>		6. Signature:  Name (type or print): <u>Mike Cohn DVM</u> Date: <u>7/14/15</u> Title: <u>President</u>	
Issued 06/26/2015 by SLD <span style="float: right;">114886</span>			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM