INSTRUCTIONS ON REVERSE SIDE

No. 62828

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

** FINAL NOTICE **
NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1991

1. Mailing Address — *Please Correct If Not Correct*

PRAIRIE ANIMAL HOSPITAL, P.A.
DAVID F. TESTER
P. O. BOX 788

HAYDEN LAKE ID 83835 0000

2. Registered Agent and Office NOT A P.O. BOX

DAVID F. TESTER
W. 920 PRAIRIE AVENUE

COEUR D'ALENE ID 83814

3. Incorporated Under The Laws of ID

NO: C62826

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	DAVID F. TESTER, D.V.M.	W. 920 PRAIRIE AVE	COEUR D'ALENE	ID	83814
Secretary:	ROBERT N. ERICKSON, D.V.M.	W. 920 PRAIRIE AVE	COEUR D'ALENE	ID	83814
Directors: V. Pres.	JON C. BLOYHAM, D.V.M.	W. 920 PRAIRIE AVE	COEUR D'ALENE	ID	83814

5. Nature of Business

Veterinary Practice

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 David F. Tester Date 10-8-91

Name (Typed or Printed) DAVID F. TESTER Title PRESIDENT