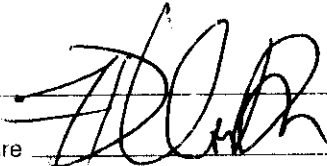


No. W 31511	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX FRANK CLOVIS 1394 S PONDEROSA DR COEUR D ALENE, ID 83814
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable RIVER CITY ANIMAL HOSPITAL, PLLC 1394 S PONDEROSA DR COEUR D ALENE, ID 83814		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
owner/ managers	Frank D. Clovis, DVM	310 N. Hobson Pl. Post Falls ID 83854			
	Dennis W. Thomas, DVM	Same			

5. Organized Under the Laws of: IDAHO W 31511	6.  Signature _____ Date <u>4/18/05</u> Name (Typed or Printed) <u>Frank D. Clovis DVM</u> Title <u>owner/manager</u>
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