

No. C 89784	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX RANDALL W. DAY 225 MAIN STREET BONNERS FERRY, ID 83805																		
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 BONNERS FERRY VETERINARY CLINIC, P. ROLAND HALL 6657 MAIN ST BONNERS FERRY, ID 83805		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td>ROLAND HALL, DVM</td> <td>6657 MAIN ST</td> <td>BONNERS FERRY</td> <td>ID</td> <td>83805</td> </tr> <tr> <td><i>Secy</i></td> <td>LINDA HALL</td> <td>6657 MAIN ST</td> <td>BONNERS FERRY</td> <td>ID</td> <td>83805</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>President</i>	ROLAND HALL, DVM	6657 MAIN ST	BONNERS FERRY	ID	83805	<i>Secy</i>	LINDA HALL	6657 MAIN ST	BONNERS FERRY	ID	83805
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5. Organized Under the Laws of: IDAHO C 89784		6. Signature <u><i>[Signature]</i></u> Date <u>4-11-05</u> Name <small>(Typed or Printed)</small> <u>ROLAND HALL, DVM</u> Title <u>OWNER</u>																			