

No. C 44725	Due no later than Dec 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY ANDERSON 10298 S ROBIN RD MCCAMMON ID 83250														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ALPINE ANIMAL HOSPITAL, P.A. JEFFREY ANDERSON 10298 S ROBIN RD MCCAMMON ID 83250		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.																	
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">President</td> <td style="vertical-align: top;">Jeffrey F. Anderson, D.V.M.</td> <td style="vertical-align: top;">10298 So. Robin Rd</td> <td style="vertical-align: top;">MCCAMMON</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;"></td> <td style="vertical-align: top;">83250</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jeffrey F. Anderson, D.V.M.	10298 So. Robin Rd	MCCAMMON	ID		83250			
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President	Jeffrey F. Anderson, D.V.M.	10298 So. Robin Rd	MCCAMMON	ID		83250											
5. Organized Under the Laws of: IDAHO C 44725	6. Signature: <u><i>JF Anderson, DVM</i></u> Date: <u>12-10-10</u> Name (type or print): <u>Jeffrey F. Anderson, D.V.M.</u> Title: <u>President</u>																
Issued 12/07/2010 by KAH		100225															