

No. C 63166		Due no later than Feb 28, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. LEWISTON VETERINARY CLINIC, CHARTERED NICK E EGLAND 421 22ND STREET NORTH LEWISTON ID 83501 USA		NICK E EGLAND 421 22ND STREET NORTH LEWISTON ID 83501			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	DONIELLE M WAGNER	421 22ND STREET NORTH	LEWISTON	ID	USA	83501	
DIRECTOR	JOHN M HOCH	421 22ND STREET NORTH	LEWISTON	ID	USA	83501	
PRESIDENT	NICK E EGLAND	421 22ND STREET NORTH	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 63166		6. Annual Report must be signed.* Signature: Nick E Eglan Name (type or print): Nick E Eglan Date: 03/01/2011 Title: President					
Processed 03/01/2011		* Electronically provided signatures are accepted as original signatures.					