

No. C104989

Annual Report Form

1995

Due No Later Than November 30,

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

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, if Not Correct

MAGIC VALLEY VETERINARY HOSP
CONNIE S RIPPEL
542 MAIN AVE S

TWIN FALLS ID 83301

CONNIE S RIPPEL
542 MAIN AVE S

TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID C104989

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
-
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers or
- ☐
- Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President

VP

Secretary/Treasurer



Connie S. Rippel

1262 Park Meadows

Twin Falls

ID. 83301

5. NATURE OF BUSINESS

VETERINARY CARE

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

Connie S. Rippel, DVM

Date

2/19/96

Name (Typed or Printed)

Connie S. Rippel

Title

DVM

ISSUED: 07-06-1995

2931