No. C 63653	Due no later than Apr 30, 2010	2. Registered Agent and Address **(NO PO BOX)**

	Annual Report Form	

Return to:

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

**NO FILING FEE IF
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1. Mailing Address: Correct in this box if needed.

HAWTHORNE ANIMAL HOSPITAL, P. A.
LONNA GERSTNER LONNA GERSTNER
5011 HAWTHORNE ROAD
POCATELLO ID 83201

LONNA GERSTNER, D.V.M.
5011 HAWTHORNE ROAD
POCATELLO ID 83201

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
PRESIDENT	LONNA M. GERSTNER	5011 HAWTHORNE	POCATAELLO	ID	USA	83202

5. Organized Under the Laws of:

ID
C 63653

6. Annual Report must be signed.*

Signature: Lonna Gerstner

Name (type or print): Lonna Gerstner

Date: 02/12/2010

Title: Owner

Processed 02/12/2010

* Electronically provided signatures are accepted as original signatures.

No. **C 63653**	Due no later than **Apr 30, 2010**	2. Registered Agent and Address **(NO PO BOX)**

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