

No. C 118698	Due no later than March 31, 2004		2. Registered Agent and Office 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		ROBERT L WHITE, DVM													
	1. Mailing Address - Correct in this box, if applicable:		408 MAIN AVE													
	ST. JOE ANIMAL CLINIC P.C. ROBERT L WHITE, DVM 408 MAIN AVE ST MARIES, ID 83861		ST MARIES, ID 83861 3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert L White</td> <td>PO Box 279</td> <td>St Maries</td> <td>Id</td> <td>83861</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>	President	Robert L White	PO Box 279	St Maries	Id	83861
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Robert L White	PO Box 279	St Maries	Id	83861											
5. Organized Under the Laws of: IDAHO C 118698		6. Signature <u>Robert L White</u> Date <u>2-2-04</u> Name (Typed or Printed) <u>Robert L White</u> Title <u>President</u>														