No. C 175396		Due no later than Oct 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DVM INSURANCE AGENCY CHAS KIDDER PO BOX 2488		921 S ORC BOISE ID USA				
NO FILING FEE IF RECEIVED BY DUE DATE		BREA CA 92822-2488 USA		3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses of F	President, Secretary, and Directors. Tr	easurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DENNIS P DRENT		3060 SATURN ST	BREA	CA	USA	92821	
SECRETARY ROBERT W H		HORNER III	3060 SATURN ST	BREA	CA	USA	92821	
TREASURER MICHAEL E FUN		FUNCK	3060 SATURN ST	BREA	CA	USA	92821	
DIRECTOR MICHAEL D M			3060 SATURN ST	BREA	CA	USA	92821	
DIRECTOR MARK W BERI		RES	3060 SATURN ST	BREA	CA	USA	92821	
DIRECTOR DENNIS P DRE			3060 SATURN ST	BREA	CA	USA	92821	
DIRECTOR	TERRI L HIL	L	3060 SATURN ST	BREA	CA	USA	92821	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
CA C 175396		Signature: Phil Grevin		Date: 08/16/201	Date: 08/16/2010			
		Name (type or print): Phil Grevin		Title: VP and As	Title: VP and Assistant Secretary			
Processed 08/16/201	.0	* Electronically pr	ovided signatures are accepted as orig	ginal signatures.				