Substitute of the second	10	NSTRUCTIONS ON RE	EVERSE SIDE	ISSUED JULY	1/ 1989		
80847 No.	Idaho Co	rporation Annual	Report Form	2. Registered Agent			
	Due No Later Than November 1,1989			1	285 S. WOODRUFF AVENUE		
Room 203, Statehouse	1. Mailing Address — Please Correct THOMAS W. MOE DVM, P. A. THOMAS W. MOE, DVM 285 S. WOODRUFF AVENUE		IDAHO FALLS		10 834		
SEC. OF STATE			3. Incorporated Uncorporated Un	3. Incorporated Under The Laws of IDAHO			
JUL 27 AM 8 51	IDAHO FALL	S	ID 8340		NO:	80847	
4. Names and Addresses of Officer	s and Directors		-				
	Name	Street o	r P.O. Address	City	<u>State</u>	<u>Zip</u>	
President: Thomas W	7. Moe	2241 Westcli	ff Dr.	Idaho Falls,	Idaho	83402	
Secretary: Mary C. Directors:	Moe	2241 Westcli	ff Dr.	Idaho Falls	Idaho	83402	
•							
			•				
5. Nature of Business	6. I cer	rtify that this Annual	Report has beer	examined by me and is to	the best of my k	nowledge	
Veterinary		iture Thomas u	s. Moe. Du	n Date	7-24-89		
	Name	(Typed or Thomas	W. MOE DI	//////////////////////////////////////	President		