No. C 71830		Due no later than Jan 31, 2012		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO VETERINARY MEDICAL FOUNDATION, INC. VICKI SMITH 1841 W SECLUDED CT KUNA ID 83634		VICKI SMITH	VICKI SMITH 1841 W SECLUDED CT KUNA ID 83634 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1000 PORTO DE 1000 DE				
				KUNA ID 8363				
				2. Nov. Dogistavad				
				3. <u>New</u> Registered				
. Corporations: Enter Na	ames and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	VICKI SMITH		1841 W SECLUDED CT	KUNA	ID	USA	83634	
DIRECTOR	JACK WALKER, DVM		815 W IDAHO	WEISER	ID	USA	83672	
DIRECTOR	JACK SMILEY, DVM		2825 SOPHIE LAKE RD	EUREKA	MT	USA	59917	
DIRECTOR	BRAD FRANCIS, DVM		3120 S WOODDRUFF AVE	IDAHO FALLS	ID	USA	83404	
DIRECTOR	TERESA KASPER-SAUER, DVM		800 W OVERLAND ROAD	MERIDIAN	ID	USA	83646	
DIRECTOR	MARGRETTA KETHLER, DVM		323 S LILY	MOSCOW	ID	USA	83843	
DIRECTOR	BILL KEARLEY, DVM		3822 CAMAS ST	BOISE	ID	USA	83705	
DIRECTOR	CONNIE BLAYNEY		3711 LASTER	CALDWELL	ID	USA	83605	
PRESIDENT	DAVE TESTER		W 920 PRAIRIE AVE	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 71830		Signature: Vicki Smith		Da	Date: 11/09/2011			
		Name (type or print): Vicki Smith		Ti	Title: Secretary			
Processed 11/09/2011		* Electronically provide	ed signatures are accepted as original	signatures.				