


No. C121391	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX LYNN ALDERSON 2768 ST. CHARLES AVE. IDAHO FALLS ID 83402	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct SHELLEY VETERINARY HOSPITAL, 614 N STATE ST SHELLEY ID 83274		3. Organized Under the Laws of: ID C121391	
* FIRST NOTICE *				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u> President Secretary	<u>Name</u> Lynn Alderson Sophia Smith	<u>Street or P.O. Address</u> 2768 St. Charles Ave 266 E. 97 N.	<u>City</u> Idaho Falls Idaho Falls,	<u>State</u> Id Id.
<u>Zip</u> 83404 83401				
5. Signature of New Registered Agent		6.		
		Signature <u></u> Date <u>7/13/99</u> Name (Typed or Printed) <u>Lynn Alderson</u> Title <u>DVM</u>		

ISSUED: 07-03-1999

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