


No. C 104562	Due no later than Dec 31, 2002 Annual Report Form		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	1. Mailing Address - Correct in this box, if applicable ADDISON ANIMAL CLINIC, P.A. PATRICIA SARAS 2285 ADDISON AVE EAST TWIN FALLS, ID 83301		PATRICIA SARAS 2285 ADDISON AVE EAST TWIN FALLS, ID 83301 3. New Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <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>Patricia Saras</td> <td>2285 Addison Ave. E.</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Sec/Trea</td> <td>Cindy Brennen</td> <td>2400 E 4184 N</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Filer</td> <td></td> <td>Id 83328</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	Patricia Saras	2285 Addison Ave. E.	Twin Falls,	ID	83301	Sec/Trea	Cindy Brennen	2400 E 4184 N							Filer		Id 83328
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5. Organized Under the Laws of: IDAHO C 104562	6. Signature  Date <u>10-9-02</u> Name <small>(Typed or Printed)</small> <u>Patricia Saras</u> Title <u>President</u>																										