

No. C 111823		Due no later than August 31, 2005		2. Registered Agent and Office 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 applicable SUNNYSIDE VETERINARY CLINIC, P.A. MICHAEL O NIELD 629 W SUNNYSIDE RD IDAHO FALLS, ID 83402		MICHAEL O NIELD 629 W SUNNYSIDE RD IDAHO FALLS, ID 83402	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael O Nield	1140 E 1250 N	Shelley	ID	83274
Secretary	Michelle R Nield	" "	"	"	"
5. Organized Under the Laws of: IDAHO C 111823		6. Signature <u>Michael O. Nield</u> Date <u>6/25/05</u> Name <u>Michael O. Nield</u> Title <u>President</u>			

Issued 06/01/2005

Do Not Tape or Staple

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