

No. C111823

Annual Report Form

1996

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, if Not Correct

SUNNYSIDE VETERINARY CLINIC,
MICHAEL O NIELD
629 W SUNNYSIDE RD

IDAHO FALLS ID 83402

MICHAEL O NIELD
629 W SUNNYSIDE RD

IDAHO FALLS ID 83402

3. Organized Under the Laws of:

ID C111823

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)Office heldNameStreet or P.O. AddressCityStateZip

President

Michael Nield

1143 E 125th N

shelley

ID

83274

Secretary

Christine Nield

11541 S. 5th W.

shelley

ID

83274

5. NATURE OF BUSINESS

VETERINARY MEDICINE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date

Name (Typed or Printed)

Title

Mike Nield

President

ISSUED: 10-05-1996

2641