No. C 98546		Due	no later than May 31, 2012	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form OFER INBAR						
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SHOSHONE VETERINARY HOSPITAL, LTD. OFER INBAR DVM PO BOX 647 SHOSHONE ID 83352-0647 USA			508 N GREENWOOD SHOSHONE ID 83352-0647 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				J. <u>INEW</u> Register				
4. Corporations: Enter Names	and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held Na	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER JOHN MARTIN		IN	508 N. GREENWOOD	SHOSHONE	ID	USA	83352	
SECRETARY LORRAINE J SW PRESIDENT OFER INBAR		SWAINSTON	508 N. GREENWOOD	SHOSHONE	ID	USA	83352	
			508 N. GREENWOOD	SHOSHONE	ID	USA	83352	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 98546		Signature: Lorraine Swainston			Date: 05/01/2012			
		Name (type or print): Lorraine Swainston			Title: Secretary			
Processed 05/01/2012	* Electronically provided signatures are accepted as original signatures.							