No. C 98546

Due no later than May 31, 2001

Annual Report Form

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
SHOSHONE VETERINARY HOSPITAL, LTD.
OFER INBAR DVM
PO BOX 647

SHOSHONE, ID 83352 0647

2. Registered Agent and Office **NO PO BOX**
OFER INBAR
508 N GREENWOOD

SHOSHONE, ID 83352 0647

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	OFER INBAR	508 N. Greenwood	shoshone	ID	83352
manager Secretary	LISA Cutches	508 N. Greenwood	shoshone	ID	83352

5. Organized Under the Laws of:
IDAHO
C 98546

6.
Signature Lisa Cutches Date 3/8/01
Name (Typed or Printed) LISA CUTCHES Title: ~~XXXX~~ MANAGER

Issued 03/01/2001

Do Not Tape or Staple

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