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| No. 67029   | Idaho Corporation Annual Report Form   | 2. Registered Agent and Office   |
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br><b>NO FEE REQUIRED</b> | Due No Later Than November 1, 1990   | CYLDE A. GILLESPIE   |
|   | 1. Mailing Address — Please Correct  | 284 SOUTH 600 WEST, PO BOX   |
|   | ANIMAL MEDICAL CLINIC, P.A.<br>CLYDE A. GILLESPIE<br>ROUTE 1, BOX 1309<br><br>HEYBURN ID 83336 | HEYBURN ID 83336 30<br><br>3. Incorporated Under The Laws<br>of ID<br>NO: 067029 |

## 4. Names and Addresses of Officers and Directors

|            | <u>Name</u>     | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|------------|-----------------|-------------------------------|-------------|--------------|------------|
| President: | Clyde Gillespie | Rt 1 Box 1309                 | Heyburn     | Id           | 83336      |
| Secretary: | "               |                               |             |              |            |
| Directors: | "               |                               |             |              |            |

## 5. Nature of Business

Veterinary

## 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  
 Name (Typed or Printed)

 Clyde A. Gillespie  
 Clyde A. Gillespie

 Date  
 Title

 7/14/90  
 President