

No. W 16013	Due no later than 7/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		GORDON COOPER 1704 EAST CHICAGO CALDWELL ID 83605	
	CALDWELL VETERINARY HOSPITAL, P.L.L.C. GORDON COOPER PO BOX 1212 CALDWELL ID 83606			
3. <u>New</u> Registered Agent Signature:				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State Zip
Manager Partner	Gordon Cooper	P.O. Box 1212	Caldwell	Idaho 83606-1212
5. Organized Under the Laws of: ID W 16013	6. Annual Report must be signed.			
	Signature: <u>Gordon J. Cooper DVM</u>		Date: <u>8-14-09</u>	
	Name(type or print): <u>Gordon J. Cooper DVM</u>		Title: <u>Partner</u>	