

No. 067029	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 87 OCT 20 AM 8 STATE	Due No Later Than November 1, 1987		CYLOE A. GILLESPIE 284 SOUTH 600 WEST, PO 80 HEYBURN, IDAHO 83336																									
	1. Mailing Address — Please Correct 067029																											
	ANIMAL MEDICAL CLINIC, P.A. CLYDE A. GILLESPIE ROUTE 1, BOX 1309 HEYBURN, IDAHO 83336		3. Incorporated Under The Laws of STATE OF IDAHO OCT 20 1987																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>William G Fulcher</td> <td>2043 albin</td> <td>Burley</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>Secretary:</td> <td>Clyde A Gillespie</td> <td>Rt 2 Box 8504</td> <td>Paul</td> <td>ID</td> <td>83347</td> </tr> <tr> <td>Directors:</td> <td colspan="5">Gillespie & Fulcher</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	William G Fulcher	2043 albin	Burley	ID	83318	Secretary:	Clyde A Gillespie	Rt 2 Box 8504	Paul	ID	83347	Directors:	Gillespie & Fulcher				
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Secretary:	Clyde A Gillespie	Rt 2 Box 8504	Paul	ID	83347																							
Directors:	Gillespie & Fulcher																											
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 <u>Clyde A Gillespie</u> Date <u>10/15/87</u> Name (Typed or Printed) <u>Clyde A Gillespie</u> Title <u>Secretary</u>																										

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