INSTRUCTIONS ON REVERSE SIDE

No. 98546

ISSUED: 07-13-1993

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address (Please Correct If Not Correct)

Shoshone : SHOSHONE VET. HOSP. LTD
SHOSHONE VETERINARY HOSPITAL, LTD
OFER INBAR DVM
PO BOX 647

SHOSHONE ID 83352 0647

2. Registered Agent and Office NOT A P.O. BOX

OFER INPAR, DVM
508 N GREENWOOD

SHOSHONE ID 83352 064

3. Incorporated Under The Laws of ID
NO: 98546

4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

	Name	Street or P.O. Address	City	State	Zip
President:	Ofer Inbar, D.V.M.	P.O. Box 647	Shoshone	ID	83352-0647
Secretary:	N.E.M. Richards, D.V.M.	P.O. Box K	Shoshone	ID	83352-0810
Directors:	Same as above	" "	" "	" "	

5. Nature of Business

Veterinary Medicine

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 N.E.M. Richards, VP Date 7/13/93

Name (Typed or Printed) N. E. M. Richards Title V. P.