

<b>No. C 118698</b>	<b>Due no later than Mar 31, 2001</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable ST. JOE ANIMAL CLINIC P.C. ROBERT L WHITE, DVM 408 MAIN AVE  ST MARIES, ID 83861		ROBERT L WHITE, DVM 408 MAIN AVE  ST MARIES, ID 83861												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			3. <u>New Registered Agent Signature</u>												
<table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert L White</td> <td>PO Box 279</td> <td>St Maries</td> <td>Id</td> <td>83861</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Robert L White	PO Box 279	St Maries	Id	83861
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Robert L White	PO Box 279	St Maries	Id	83861										
5. Organized Under the Laws of:  IDAHO C 118698	6. Signature <i>Robert L White DVM</i> Name (Typed or Printed) Robert L White DVM Date 3-29-01 Title: President														