

No. C 150283	Due no later than Aug 31, 2005 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IDAHO VETERINARY SPECIALISTS, P.C. SARA L BROURMAN 5019 N SAWYER AVE GARDEN CITY ID 83714 0000		BUSINESS FILINGS INCORPORATED 300 NORTH 6TH STREET BOISE ID 83701 0000			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JEFF D BROURMAN	5019 N SAWYER AVE	GARDEN CITY	ID	USA	83714
5. Organized Under the Laws of: IDAHO C 150283		6. Annual Report must be signed.* Signature: Sara Brouman Name (type or print): Sara Brouman Date: 06/14/2005 Title: Hospital Administrator				
Processed 06/14/2005		* Electronically provided signatures are accepted as original signatures.				