No. C 157932	Due no later than December 31, 2007	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if applicable - ANIMAL MEDICAL CENTER OF BOISE, INC 1365 S FIVE MILE RD BOISE, ID 83709	DONNA L PETERSON 1365 S FIVE MILE RD BOISE, ID 83709
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
Corporations: Enter Nar	nes and Business Addresses of President, Secret	ary and Directors.
Office held Name	Street or P.O. Address Cit	y <u>State</u> <u>Zip</u>
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Sey 5. Organized Under the Laws of: IDAHO C 157932		Date W/M/07