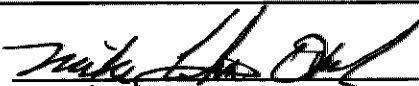


<b>No.</b> C120073	<b>Annual Report Form</b> Due No Later Than November 30, 1999		2. Registered Agent and Office <b>NOT A P.O. BOX</b>	
Return to: <b>SECRETARY OF STATE</b> 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct If Not Correct  <b>CRITTER CLINIC, P.A.</b> <b>MIKE COHN</b> <del>10546 W USTICK RD</del> 10534 W Ustick Rd. BOISE ID 83704		<b>MIKE COHN DVM</b> <del>10546 W USTICK RD</del> 10534 Ustick Rd. BOISE ID 83704	
<b>* FIRST NOTICE *</b>			3. Organized Under the Laws of:  ID C120073	
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	Mike Cohn	10534 W. Ustick	Boise	ID 83704
5. Signature of New Registered Agent		6. <div style="margin-top: 20px;">           Signature  Date 8/23/99            Name (Typed or Printed) Mike Cohn DVM Title President         </div>		

ISSUED: 07-03-1999

22581