

No. C 74431	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX JEFFREY S HEINS, DVM 200 SOUTH 200 WEST Hwy 24 RUPERT ID 83350
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct RUPERT ANIMAL HOSPITAL, P.A. JEFFREY S. HEINS, DVM RT. 2, BOX 242 200 So. Hwy 24 RUPERT ID 83350	3. Organized Under the Laws of: ID C 74431
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
President	Jeff Heins	300 N 112E
Secretary	Bonnie Heins	300 N 112E
Directors	Jeff Heins	300 N 112E
Director	Bonnie Heins	300 N 112E
		<u>City</u>
		<u>State</u>
		<u>Zip</u>
		Rupert ID 83350
		Rupert ID 83350
		Rupert ID 83350
		Rupert ID 83350
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 <u>Jeff Heins DVM</u> Date <u>7-16-96</u> Name (Typed or Printed) <u>Jeff Heins DVM</u> Title <u>President</u>

ISSUED: 07-06-1996

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