

No. C 62828	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address. <i>Correct in this box, if applicable.</i> PRAIRIE ANIMAL HOSPITAL, P.A. DAVID F TESTER PO BOX 2113 HAYDEN LAKE, ID 83835	DAVID F TESTER W, 920 PRAIRIE AVENUE COEUR D'ALENE, ID 83815
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	David F. Tester	920 W Prairie Avenue	Coeur d'Alene	ID	83815
Vice President	Jon C. Bloxhan	920 W Prairie Avenue	Coeur d'Alene	ID	83815
Secretary	James R Meyer	920 W Prairie Avenue	Coeur d'Alene	ID	83815
Treasurer	Dennis W Thomas	920 W Prairie Avenue	Coeur d'Alene	ID	83815

5. Organized Under the Laws of: IDAHO C 62828	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>David F. Tester, Pres</u></td> <td style="width: 40%;">Date <u>10/14/03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>DAVID F. TESTER</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature <u>David F. Tester, Pres</u>	Date <u>10/14/03</u>	Name (Typed or Printed) <u>DAVID F. TESTER</u>	Title <u>President</u>
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