No. C 142411	Due no later than February 28, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable CASCADE VETERINARY CLINIC PC		2. Registered Agent and Office NO PO BOX KEITH RUBLE 935 HWY 55 S CASCADE, ID 83611		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON					
PO BOX 83720 BOISE, ID 83720-0080	PO BOX 551 CASCADE, ID 83611				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Ag	gent Signature	
 Corporations: Enter Name 	es and Business Addresses of Pre	sident, Secretary	and Directors.		
Office held Name	Street or P.O. Address	City	State	<u>Zip</u> &36 1/	
Secretury michelle H.	7080x 551 ac 15 willow may	(uscode	Fd Id	83611	
5. Organized Under the Laws of: IDAHO C 142411	6. Signatur	Person Ruble	Date /	-9-05	
	Name Printed V Ke 1+4	Ruble	Title <u>Uw</u> n	Ly Vekrirenan	
Issued 12/01/2005	Do Not Tape or	Do Not Tape or Staple		200602004378	