

No. C 44725	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX JEFFREY ANDERSON 722 LOU AVE POCATELLO ID 83202	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of: ID C 44725	
	ALPINE ANIMAL HOSPITAL, P.A. JEFFREY ANDERSON 722 LOU AVE POCATELLO ID 83202			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (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>				
<div style="display: flex; justify-content: space-between; padding: 10px;"> President Jeffrey Anderson 722 Lou Ave Pocatello ID 83202 </div>				
5. Signature of New Registered Agent		6. <div style="margin-top: 20px;"> Signature <u><i>Jeffrey Anderson, D.V.M.</i></u> Date <u>7-23-89</u> Name (Typed or Printed) <u>Jeffrey Anderson, D.V.M.</u> Title <u>President</u> </div>		

ISSUED: 07-03-1999

1026