

<b>No. C 135744</b>  Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than September 30, 2007</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable:  VALLEY VIEW VETERINARY CLINIC, P.A. GARY E LEWIS 2355 BERYL AVENUE TWIN FALLS, ID 83301	<b>2. Registered Agent and Office NO PO BOX</b>  GARY E LEWIS 2355 BERYL AVENUE TWIN FALLS, ID 83301  <b>3. New Registered Agent Signature</b>																		
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gary E Lewis</td> <td>2355 Beryl Ave</td> <td>Twin Falls</td> <td>ID</td> <td>83341</td> </tr> <tr> <td>Secretary</td> <td>Brandee Lewis</td> <td>2355 Beryl Ave</td> <td>Twin Falls</td> <td>ID</td> <td>83341</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Gary E Lewis	2355 Beryl Ave	Twin Falls	ID	83341	Secretary	Brandee Lewis	2355 Beryl Ave	Twin Falls	ID	83341
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Secretary	Brandee Lewis	2355 Beryl Ave	Twin Falls	ID	83341															
<b>5. Organized Under the Laws of:</b>  IDAHO C 135744	<b>6.</b> Signature <u>Brandee Lewis</u> Date <u>7-15-07</u> Name (Typed or Printed) <u>Brandee Lewis</u> Title <u>Secretary</u>																			

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