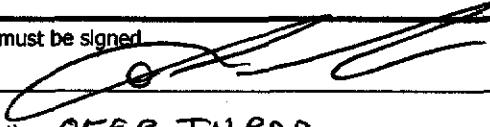


No. <b>C 98546</b>		<b>Due no later than 5/31/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to:  SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed.  SHOSHONE VETERINARY HOSPITAL, LTD. OFER INBAR DVM PO BOX 647 SHOSHONE ID 83352		OFER INBAR 508 N GREENWOOD SHOSHONE ID 83352	
3. New Registered Agent Signature:					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office Held	Name	Street or PO Address	City	State	Zip
President	OFER INBAR	508 N. Greenwood St.	Shoshone	Id.	83352
Secretary	Lorraine SWAINSON	508 N. Greenwood St.	Shoshone	Id.	83352
5. Organized Under the Laws of:  <b>ID C 98546</b>		6. Annual Report must be signed  Signature:  Name(type or print): <b>OFER INBAR</b>			
		Date: <b>4-8-09</b>			
		Title: <b>President</b>			

Issued 3/10/2009 by SLD

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