

No. C 171679		Due no later than Feb 28, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. COMMUNITY ANIMAL HOSPITAL, P.C. SHERILYNN K BURKMAN DVM 833 NORTH 12TH AVE POCATELLO ID 83201 USA		SHERILYNN K BURKMAN DVM 833 NORTH 12TH AVE POCATELLO ID 83201			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SHERILYNN K BURKMAN DVM	833 NORTH 12TH AVE	POCATELLO	ID	USA	83201	
DIRECTOR	JULIA M ALPERT	833 NORTH 12TH AVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 171679		6. Annual Report must be signed.* Signature: Joshua J Burkman Name (type or print): Joshua J Burkman Date: 02/16/2011 Title: Manager					
Processed 02/16/2011		* Electronically provided signatures are accepted as original signatures.					