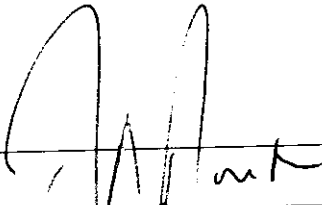


No. C 154442		Due no later than April 30, 2006		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form		ROBERT N PIERCE DVM	
		1. Mailing Address - Correct in this box, if applicable		421 CHURCH ST	
NO FILING FEE IF RECEIVED BY DUE DATE		NORTH IDAHO ANIMAL HOSPITAL INC. ROBERT N PIERCE DVM 421 CHURCH ST SANDPOINT, ID 83864		SANDPOINT, ID 83864	
				3. New Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	Dr Robert PIERCE	421 Church SANDPOINT	SANDPOINT	ID	83864
V-PRES	Dr Dawn Mehra				
SECRETARY		SAME			
5. Organized Under the Laws of: IDAHO C 154442		6. Signature 		Date 2/10/06	
		Name (Typed or Printed) R. N. PIERCE DVM		Title PRES	

Issued 02/02/2006

Do Not Tape or Staple

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