	Annual Report Form 1998 Due No Later Than November 30,	2. Registered Agent		A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1 Mailing Address Please Correct, If Not Correct	CONNIE S		
	MAGIC VALLEY VETERINARY HOSP CONNIE S RIPPEL 542 MAIN AVE S	TWIN FAL	LS ID	83301
* FIRST NOTICE *	TWIN FALLS ID 83301	10	C10	4989
	Business Addresses of President, Secretary and Directors ter Names and Addresses of Managers or Members	(check one)		
Office held Name	Street or P.O. Address	City	State	Zip
President & Conn	ic Rippel 1262 Park Meedous	Twin Fells	ID.	8330/
i. Signature of New Registered	Agent 6. Signature Chair S K	Date _	7/15/98	
5. Signature of New Registered	P . 1 1	Date _	7/16/98 DVM	
5. Signature of New Registered ISSUED: 07-03-1	Signature Canais S Rip	, -		