

No. W 743	Due no later than Dec 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable INTERMOUNTAIN ANIMAL HOSPITAL P.L.L. ROBERT BEEDE, DVM 800 W OVERLAND RD MERIDIAN, ID 83642		ROBERT BEEDE, DVM 800 W OVERLAND RD MERIDIAN, ID 83642																		
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature																		
4. <u>Limited Liability Companies</u> : Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Robert F Beede</td> <td>2370 N. Maxwell Way</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> <tr> <td></td> <td>Saman F. Beede</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Robert F Beede	2370 N. Maxwell Way	Meridian	ID	83642		Saman F. Beede	"	"	"	"
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	Saman F. Beede	"	"	"	"																
5. Organized Under the Laws of: IDAHO W 743		6. Signature <u><i>R F Beede</i></u> Date <u>10/2/00</u> Name (Typed or Printed) <u>R F Beede</u> Title: <u>Member</u> XXXX																			

Issued 10/02/2000

Do Not Tape or Staple

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