

No. W 14648 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than March 31, 2004 Annual Report Form 1. Mailing Address - Correct in this box if applicable: PRAIRIE EQUINE HOSPITAL, PLLC WEST 920 PRAIRIE AVENUE 11594 N. Idaho Rd COEUR D'ALENE, ID 83815 Rathdrum Id 83858	2. Registered Agent and Office NO PO BOX DR DAVID L GRAY W 920 PRAIRIE AVE COEUR D'ALENE, ID 83815 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>David Gray</td> <td>11594 N. Idaho Rd</td> <td>Rathdrum</td> <td>Id</td> <td>83858</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>	Owner	David Gray	11594 N. Idaho Rd	Rathdrum	Id	83858
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Owner	David Gray	11594 N. Idaho Rd	Rathdrum	Id	83858									
5. Organized Under the Laws of: IDAHO W 14648	6. Signature <u><i>David Gray</i></u> Date <u>3/1/4</u> Name <small>(Typed or Printed)</small> <u>David Gray</u> Title <u>Owner</u>													