

No. W 25646

Due no later than August 31, 2007
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

NORTH PALOUSE VETERINARY CLINIC LLC
1010 TRAVIS RD
POTLATCH, ID 83855

SHARI CARNAHAN
1010 TRAVIS RD
POTLATCH, ID 83855

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member/owner	Shari Carnahan	580 Brenner Rd	Desmet	ID	83824

5. Organized Under the Laws of:
IDAHO
W 25646

6. Signature

Shari Carnahan

Date 10-11-07

Name (Typed or Printed)

Shari Carnahan

Title member