

No. **W 743**

Due no later than December 31, 2005
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
Suite one

ROBERT BEEDE, DVM
800 W OVERLAND RD
MERIDIAN, ID 83642

**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>
<i>Member</i>	<i>Robert F Beede</i>	<i>Engle</i>	<i>Id</i>	<i>83616</i>	
		<i>1772 S. Riverchase Way</i>			

5. Organized Under the Laws of:
IDAHO
W 743

6. Signature *R F Beede* Date *10/24/05*
Name (Typed or Printed) *R F Beede* Title *member*