

No. C 44725	Due no later than December 31, 2004 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ALPINE ANIMAL HOSPITAL, P.A. JEFFREY ANDERSON 10298 S ROBIN D MCCAMMON, ID 83250		JEFFREY ANDERSON 10298 S ROBIN D RD MCCAMMON, ID 83250 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>President</td> <td>Jeffrey F. Anderson</td> <td>10298 S Robin Rd</td> <td>McCammon</td> <td>Id</td> <td>83250</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>	President	Jeffrey F. Anderson	10298 S Robin Rd	McCammon	Id	83250
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Jeffrey F. Anderson	10298 S Robin Rd	McCammon	Id	83250										
5. Organized Under the Laws of: IDAHO C 44725		6. Signature <u>Jeffrey F. Anderson, OVM</u> Date <u>10-9-04</u> Name <small>Typed or Printed</small> <u>Jeffrey F. Anderson, OVM</u> Title <u>President</u>													