

No. C 44725

Due no later than December 31, 2008  
Annual Report Form

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
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

2. Registered Agent and Office NO PO BOX

JEFFREY ANDERSON  
10298 S ROBIN RD  
MCCAMMON, ID 83250

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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President	Jeffrey E. Anderson, DVM				
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		10298 So. Robin Rd	McCammn,	Id	83250
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5. Organized Under the Laws of:

IDAHO  
C 44725

6.

Signature [Signature] Date 10-14-08

Name Jeffrey E. Anderson, DVM Title President

Issued 10/01/2008

Do Not Tape or Staple

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