


<b>No. C 120073</b>	<b>Due no later than Jul 31, 2001</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable CRITTER CLINIC, P.A. MIKE COHN 10534 W USTICK RD  BOISE, ID 83704		MIKE COHN DVM <del>10540 W USTICK RD</del> 10534 W Ustick Rd BOISE, ID 83704  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>Pres</td> <td>Mike Cohn</td> <td>10534 W. Ustick</td> <td>Boise</td> <td>ID</td> <td>83704</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>	Pres	Mike Cohn	10534 W. Ustick	Boise	ID	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Pres	Mike Cohn	10534 W. Ustick	Boise	ID	83704										
5. Organized Under the Laws of:  IDAHO C 120073	6.  Signature _____ Date <u>5-17-01</u> Name <small>(Typed or Printed)</small> <u>Mike Cohn DVM</u> Title: <u>President</u> <del>XXXX</del>														