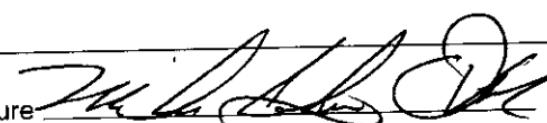


No. C 120073		Due no later than Jul 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable  CRITTER CLINIC, P.A. MIKE COHN 10534 W USTICK RD  BOISE,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