

No. C 120073

Due no later than July 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
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 83704MIKE COHN DVM
10534 W USTICK RD
BOISE, ID 83704NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	Mike Cohn DVM	9705 Appleby	Boise	ID	83704
Vice President	David Cohn PhD	5186 N. Pinnacle Pl. W	Fusion	AZ	85749
Secretary	Bill Cohn	8400 Wenonga Rd	Leawood	Ks	66206

5. Organized Under the Laws of:

IDAHO
C 120073

6.

Signature

Date

5/12/08

Name (Typed or Printed)

Mike Cohn DVM

Title

President