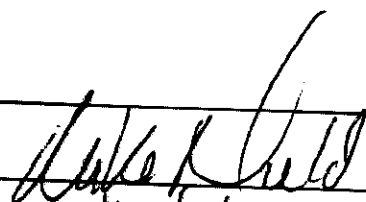


No. C111823	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX MICHAEL O NIELD 629 W SUNNYSIDE RD IDAHO FALLS ID 83402	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct SUNNYSIDE VETERINARY CLINIC, MICHAEL O NIELD 629 W SUNNYSIDE RD IDAHO FALLS ID 83402		3. Organized Under the Laws of: ID C111823	
* FIRST NOTICE *				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	Mike Nield	11405 1250 N Shelley	ID	83274
Secretary	Chris Fleming	11541 S. 5th W	Shelley ID	83274
Signature of New Registered Agent		6. Signature  Name (Typed or Printed) Mike Nield Date 7/14/99 Title President		

ISSUED: 07-03-1999

8935