

No. <b>C 62828</b>		<b>Due no later than Dec 31, 2012</b>		2. Registered Agent and Address <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>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PRAIRIE ANIMAL HOSPITAL, P.A. DAVID F TESTER PO BOX 2113 HAYDEN LAKE ID 83835		DAVID F TESTER 920 W PRAIRIE AVENUE COEUR D'ALENE ID 83815			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	JAMES R MEYER	920 W PRAIRIE AVENUE	COEUR D ALENE	ID	USA	83815	
SECRETARY	JON C BLOXHAM	920 W PRAIRIE AVENUE	COEUR D ALENE	ID	USA	83815	
PRESIDENT	DAVID F TESTER	920 W PRAIRIE AVENUE	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of:  <b>ID C 62828</b>		6. Annual Report must be signed.* Signature: David F. Tester Name (type or print): David F. Tester  Date: 10/18/2012 Title: President					
Processed 10/18/2012		* Electronically provided signatures are accepted as original signatures.					