

No. C 63653	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct HAWTHORNE ANIMAL HOSPITAL, P.A. LONNA GERSTNER 5011 HAWTHORNE ROAD POCATELLO ID 83201		LONNA GERSTNER, D.V.M. 5011 HAWTHORNE ROAD POCATELLO ID 83201
	3. Organized Under the Laws of:		ID C 63653

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Lonna Gerstner, D.V.M.	5011 Hawthorne Rd.	Pocatello, ID		83202

5. NATURE OF BUSINESS VETERINARY	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Lonna Gerstner</i></u> Date <u>7/15/96</u> Name (Typed or Printed) <u>Lonna Gerstner, D.V.M.</u> Title <u>President</u>
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ISSUED: 07-06-1996

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