

No. C 120073

Due no later than July 31, 2007
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 83704

MIKE COHN DVM
10534 W USTICK RD
BOISE, ID 83704

NO FILING FEE IF
RECEIVED BY DUE DATE

3. 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	10534 W Ustick	Boise	Id	83704
Vice President	David Cohn	5186 N. Pinnacle Pl, Dr.	Tucson	AZ	85749
Secretary	Bill Cohn	8400 Wenona Rd	Lenexa	Ks	66206

5. Organized Under the Laws of:

IDAHO
C 120073

6.

Signature

Date

5/31/07

Name

(Typed or Printed)

Mike Cohn DVM

Title

Pres