No. W 743	Due no later than December 31, 2004	2. Registered Agent and Office NO PO BO
Return to:	Annual Report Form	ROBERT BEEDE, DVM
SECRETARY OF STATE	<ol> <li>Mailing Address - Correct in this box if applicable</li> </ol>	800 W OVERLAND RD
700 WEST JEFFERSON	INTERMOUNTAIN ANIMAL HOSPITAL P.L.L C	MERIDIAN, ID 83642
PO BOX 83720	ROBERT BEEDE, DVM	
BOISE, ID 83720-0080	800 W OVERLAND RD	
	MERIDIAN, ID 83642	3. New Registered Agent Signature
NO FILING FEE IF		- Indiana of Igain Orginalare
RECEIVED BY DUE DATE		
4. Limited Liability Comp	panies: Enter Names and Addresses of Members.	-
Office held Name	Street or P.O. Address Cit	V State 7:-
hudent. Pres	ident 17725. Riouchas	1 Epoli, FO 8344
hudent. Pres	ident 17725. Riouchas Long	Engli, 70 8344
President. Pres	ident 17725. Riouchas	ENGLIFE ENGLIFE
hudent. Pres	ident 17725. Riouchae	Epgli, FO 8344
Present. Pres	ident 17725. Riouchan	Engli, Fol 8344
Present. Pres	ident 17725. Riouchaid	Engli, Fol 8344
	ident 17725. Riouchae	Epgli, Fol 8344
5. Organized Under the Laws of:	ident 17725. Riouchae Long	
5. Organized Under the Laws of:	edent 17725. Riouchae Lord	
<ol><li>Organized Under the Laws of: IDAHO</li></ol>	6. Signature	
5. Organized Under the Laws of:	edent 17725. Riouchae Lord	On Date 10/8/04