No. C 82615	Annual R	han November 30:	z. negistered Agent	and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please C	Cornect, If Not Correct		L. STROBEL N ACRES DR.
700 WEST JEFFERSON PO BOX 83720	WILLIAM L. ST		TWIN FAL	LS IO 83301
BOISE, ID 83720-0080	868 GREEN ACR			.23 20 000,
NO FEE REQUIRED			3. Organized Under	the Laws of:
** FINAL NOTICE **	TWIN FALLS	ID 83301	ID	C 82615
 Corporations: Enter Names and Limited Liability Companies: Ent 	d Addresses of President, Se er Names and Addresses of C	cretary and Directors Managers or Memb	ers (check one)	
Office held Name	Street o	or P.O. Address	City	State Zip
Provident Work	Atrobel 1122	Eskewood \	Twin talls	S1. 83301
	01/-0			11 11
Excedent Word lee tres. Susan	a & Worker		10 /	
lee tres. Susan	a & Worker		/	,
lee tres. Susan	a & Crobel	,	10 /	
lee tres. Susan	a Darbel	,	76 71	
lee tres. Susan	li S Vrobel		<i>76</i>	
			en examined by me a	nd is to the best of my
	6. I certify that knowledge t	this Annual Report has been true, garrect and compleme/	- 01	
NATURE OF BUSINES	6. I certify that knowledge t	this Annual Report has be	- 01	nd is to the best of my
	S 6. I certify that knowledge to Signature	this Annual Report has be true, correct and complete	old Date _	10-12-96
NATURE OF BUSINES	S 6. I certify that knowledge to Signature CLINIC Name Printed)	this Annual Report has been true, garrect and compleme/	old Date _	
NATURE OF BUSINES SMALL ANIMAL VE	6. I certify that knowledge to Signature CLINIC Name Printed	this Annual Report has be true, correct and complete	obel Title S	10-12-96 Pec Tres.
NATURE OF BUSINES SMALL ANIMAL VE	6. I certify that knowledge to Signature CLINIC Name Printed	this Annual Report has be true, garrect and complete Susan a Str	obel Title S	10-12-96 Pec Tres.
NATURE OF BUSINES SMALL ANIMAL VE	6. I certify that knowledge to Signature CLINIC Name Printed	this Annual Report has be true, garrect and complete Susan a Str	obel Title S	10-12-96 Pec Tres.
MATURE OF BUSINES SMALL ANIMAL VE	6. I certify that knowledge to Signature CLINIC Name Printed	this Annual Report has be true, garrect and complete Susan a Str	obel Title S	10-12-96 Pec Tres.
MATURE OF BUSINES SMALL ANIMAL VE	6. I certify that knowledge to Signature CLINIC Name Printed	this Annual Report has be true, garrect and complete Susan a Str	obel Title S	10-12-96 Pec Tres.