No. W 14648	Due no later than Mar 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box. if applicable PRAIRIE EQUINE HOSPITAL, PLLC WEST 920 PRAIRIE AVENUE COEUR D'ALENE, ID 83815	DR DAVID L GRAY W 920 PRAIRIE AVE COEUR D'ALENE, ID 83815 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Owner	David Gray	920 w Prairie ave	Coeur D'Alene	Id	83815
owner	Leah Gray	920 w Prairie ave	Coeur D'Alen	Id	83815

5. Organized Under the Laws of:	6.
IDAHO W 14648	Signature David Gray Date 3/13/2 Name (Typed or Printed) David L. Gray Title Owner

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