

No. <b>C 12645</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>VICKI TOLLINGER</b> <b>1365 N ORCHARD STE 301</b>  <b>BOISE ID 83706</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>IDAHO VETERINARY MEDICAL ASS</b>  <b>30X 6573</b>  <b>BOISE ID 83707</b>	3. Organized Under the Laws of:  <b>ID C 12646</b>
* <b>FIRST NOTICE</b> *		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
Board Chairman	Bill Kearly, DVM	3822 E. Camas St.
President	Bruce Lancaster, DVM	796 Iona Rd.
Pres. Elect	Leonard Sherman, DVM	2280 S.W. 4th Ave.
Vice President	Dave Gerber, DVM	1040 N. 23rd St.
		Boise ID 83705
		Idaho Falls ID 83401
		Ontario OR 97914
		Coeur d'Alene ID 83814
5. <b>NATURE OF BUSINESS</b>  <b>TRADE ASSOCIATION</b>		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>Vicki Tollinger</i></u> Date <u>7/24/96</u> Name (Typed or Printed) <u>Vicki Tollinger</u> Title <u>Executive Director</u>

ISSUED: 07-06-1996

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