

No. W 16013	Due no later than July 31, 2006 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 CALDWELL VETERINARY HOSPITAL, P.L.L. GORDON COOPER PO BOX 1212 CALDWELL, ID 83606		GORDON COOPER 1704 EAST CHICAGO CALDWELL, ID 83605 3. New Registered Agent Signature											
	4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <tr> <td><u>Office held</u></td> <td><u>Name</u></td> <td><u>Street or P.O. Address</u></td> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> <tr> <td>Manager</td> <td>Gordon Cooper</td> <td>P.O. Box 1212</td> <td>Caldwell</td> <td>Ida.</td> <td>83606-1212</td> </tr> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Gordon Cooper	P.O. Box 1212	Caldwell	Ida.
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Gordon Cooper	P.O. Box 1212	Caldwell	Ida.	83606-1212									
5. Organized Under the Laws of: IDAHO W 16013	6. Signature <u>Gordon Cooper</u> Date <u>5-6-06</u> Name (Typed or Printed) <u>Gordon Cooper</u> Title <u>Manager</u>													

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Do Not Tape or Staple

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