No. **C 173200**	**Due no later than May 31, 2009** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** RIVER CITY VETERINARY HOSPITAL, INC MELISSA PARKS 2250 W EVEREST LANE MERIDIAN ID 83646 USA	SARA LIDDELL 2250 W EVEREST LANE MERIDIAN ID 83646 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SARA D LIDDELL	2250 WEST EVEREST LANE	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 173200**	Signature: Melissa Parks	Date: 03/10/2009
	Name (type or print): Melissa Parks	Title: Practice Manager

Processed 03/10/2009

* Electronically provided signatures are accepted as original signatures.