

No. C 95203		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. SNAKE RIVER VETERINARY HOSPITAL, P.A. HOWARD R. TILLQUIST 1950 S. LINCOLN JEROME ID 83338		HOWARD R. TILLQUIST 1950 S. LINCOLN JEROME ID 83338		
				3. <u>New</u> 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	HOWARD R TILLQUIST	803 16TH AVE E	JEROME	ID	USA	83338
SECRETARY	PAULA TILLQUIST	803 16TH AVE E	JEROME	ID	USA	83338
5. Organized Under the Laws of: ID C 95203		6. Annual Report must be signed.* Signature: LeRoy Hayes Name (type or print): LeRoy Hayes				
Processed 04/23/2009		Date: 04/23/2009 Title: Cpa				
* Electronically provided signatures are accepted as original signatures.						