

<p>No. <b>C 101601</b></p>	<p>Due no later than <b>Mar 31, 2010</b> Annual Report Form</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) <b>PATRICIA PENCE EVANS DVM</b> 1214 SOUTHSIDE BLVD NAMPA ID 83686</p>
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>NO FILING FEE IF RECEIVED BY DUE DATE</b></p>	<p>1. Mailing Address: Correct in this box if needed. <b>EQUINE VETERINARY SERVICES, P.A.</b> <b>PATRICIA PENCE EVANS DVM</b> 1214 SOUTHSIDE BLVD NAMPA ID 83686</p>	<p>3. <u>New</u> Registered Agent Signature.</p>
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</p>		
<p>Office Held</p>	<p>Name</p>	<p>Street or PO Address</p>
<p>City</p>	<p>State</p>	<p>Country Postal Code</p>
<p>President</p>	<p>Patricia Pence</p>	<p>1214 Southside Blvd Nampa ID 83686</p>
<p>Canyon Co,</p>	<p></p>	<p></p>
<p>5. Organized Under the Laws of: <b>IDAHO</b> <b>C 101601</b></p>	<p>6. Signature: <i>Patricia Pence DVM</i> Name (type or print): <u>Patricia Pence DVM</u></p>	<p>Date: <u>3-16-2010</u> Title: <u>President</u></p>
<p>Issued 03/16/2010 by SL1 <span style="float: right;">201003001458</span></p>		

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Notes:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Notes:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Notes:** Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**\*\*** The image of this form will be available on the internet once it has been filed. **DO NOT** enter Social Security numbers.

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

**POSTMARK DATES WILL NOT BE ACCEPTED**