

No. C104562

Annual Report Form

Due No Later Than November 30,

1995

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

ADDISON ANIMAL CLINIC, P.A.
PATRICIA SARAS
2285 ADDISON AVE EAST

TWIN FALLS ID 83301

PATRICIA SARAS
2285 ADDISON AVE EAST
TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID C104562

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

PRESIDENT, DR. PATRICIA SARAS 4288 N 2500E

FILER ID. 83328

SECRETARY, DR. CINDY BRENNAN 548 S AVER

TWIN FALLS ID 83301

5. NATURE OF BUSINESS

VETERINARY MEDICINE

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 Patricia Saras, DVM Date 7-12-96Name (Typed or Printed) PATRICIA SARAS, DVM Title OWNER/PRESIDENT

ISSUED: 07-06-1995

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