| No. C 155143 | | Due no later than Jun 30, 2009 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|---|---------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | GEORGE O | GEORGE OLAVESON | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MOUNTAIN RIVER VETERINARY HOSPITAL, P.A. JUDY RADIN 3745 E COUNTY LINE RD RIGBY ID 83442 | | RIGBY ID | 3745 E COUNTY LINE RD RIGBY ID 83442 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 200 | | ess Addresses of F | President, Secretary, and Directors. Treasu | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | GEORGE H (| OLAVESON | 3745 E COUNTY LINE ROAD | RIGBY | ID | USA | 83442 | |
| 5. Organized Under the Laws of: | | 6. Annual Report | | | | | | |
| ID | | Signature: Judy Radin | | Date | Date: 04/13/2009 | | | |
| C 155143 | | Name (type or print): Judy Radin | | Title | Title: Office manager | | | |
| Processed 04/13/2009 | ed 04/13/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | |