	I I I I I I I I I I I I I I I I I I I	2. Registered Agent and Office NO PO BOX
No. C 137162	Appual Report Form	TIMOTHY JAMES WILLIAMS
Return to:	Mailing Address - Correct in this box, if applicable	401 2ND ST NORTH STE 107
SECRETARY OF STATE 700 WEST JEFFERSON	CLARK VETERINARY SERVICE, P.C.	TWIN FALLS, ID 83301
PO BOX 83720	38 L3 N 9 3 5 5	
BOISE, ID 83720-0080	POBOX 282	. New Registered Agent Signature
	TWIN FALLS, ID 83301 KIMBERLY, TOAHO 3	
NO FILING FEE IF	i	
RECEIVED BY DUE DATE	mes and Business Addresses of President, Secretary	and Directors.
4. Corporations: Enter Na	Street or P.O. Address	State Zip  LQ 833Y/
Office held Name	Kimbe	dy Lak 33311
Portlant Dano G. C.	ARK DVM 3823 N 3500 E Kimbe CLARK 3823 N 3500 E Kimbe	hy <u>State</u> <u>Zip</u> Le 87341 Lehy II 83341
Manua i	CLANK 3823 N 3500 E FIME	~7
Secretary LATTELL		
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		1.2/21
5. Organized Under the Laws of:	6. DD. M. Clah	Date/2 (07 (0)
Organized Under the Laws of:  IDAHO	1	Date
	6. Signature Da-J M. Clark A Name Printed DAVID G. CLARK A	Date 12/07/01  VM Title PRESIDENT