

Annual Report Form

1999

Due No Later Than November 30.

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

IDAHO EQUINE HOSPITAL, P.A.

1420 N MIDLAND BLVD

NAMPA

ID 83651

LIONEL C ICKES
1420 N MIDLAND BLVD

NAMPA ID 83651

3. Organized Under the Laws of:

ID C125865

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

Office held

Name

Street or P.O. Address

City

State

Zip

PRES.	LIONEL C. ICKES	1306 LONE STAR RD	NAMPA	ID	83651
V. PRES.	WM. J. MAUPIN	6655 TRAIL RD	NAMPA	ID	83686
SEC.	JEANNINE C. ICKES	1306 LONE STAR RD.	NAMPA	ID	83651
TRES.	KRIS M. BOICOURT	1032 TAFFY DR.	NAMPA	ID	83687

5. Signature of New Registered Agent

6.

Signature

Name

(Print or
Type)

Date

Title

Signature Jeannine C. Ickes Date 7-20-99
Name JEANNINE C. ICKES Title Business Mgr.

ISSUED: 07-03-1999

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