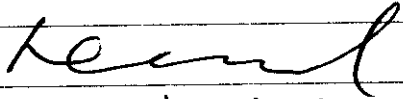


No. C 123313	Due no later than March 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX DENNIS M DAVIS 608 NW BLVD STE 401 COEUR D'ALEN, ID 83814 2146																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SOUTHWAY ANIMAL CLINIC, P.C. DAVID ARD 705 16TH AVE LEWISTON, ID 83501		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>David Ard</td> <td>705 16th Ave</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Sec/Tres</td> <td>Carol Ard</td> <td>705 16th Ave</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	David Ard	705 16th Ave	Lewiston	ID	83501	Sec/Tres	Carol Ard	705 16th Ave	Lewiston	ID	83501
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5. Organized Under the Laws of: IDAHO C 123313	6. Signature  Date <u>1/10/05</u> Name (Type or Print) <u>David Ard</u> Title <u>Pres</u>																				