

No. C 117210	Due no later than Nov 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. ST. FRANCIS PET CLINIC, P.A. KARSTEN FOSTVEDT P.O. BOX 5248 KETCHUM ID 83340		KARSTEN FOSTVEDT UNITA6, 10TH ST. CENTER KETCHUM ID 83340			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	KARSTEN FOSTVEDT	UNITA6 10TH ST. CENTR	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID C 117210	6. Annual Report must be signed.* Signature: Karsten Fostvedt Name (type or print): Karsten Fostvedt		Date: 12/18/2009 Title: Owner			
Processed 12/18/2009		* Electronically provided signatures are accepted as original signatures.				