

No. C 44725	<b>Annual Report Form</b> 1995 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  ALPINE ANIMAL HOSPITAL, P.A. JEFFREY ANDERSON 5 DARTMOUTH  POCATELLO ID 83201		JEFFREY ANDERSON 5 DARTMOUTH  POCATELLO ID 83201  3. Organized Under the Laws of:  ID C 44725													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Jeffrey F Anderson - President</td> <td>6 Dartmouth</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Jeffrey F Anderson - President	6 Dartmouth	Pocatello	ID	83201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
	Jeffrey F Anderson - President	6 Dartmouth	Pocatello	ID	83201											
5. <b>NATURE OF BUSINESS</b>  VETERINARY SERVICES		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Jeffrey F Anderson, DVM</u> Date <u>9/8/96</u> Name (Typed or Printed) <u>Jeffrey F Anderson, DVM</u> Title <u>President</u>														

ISSUED: 07-06-1995

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