

No. C 101601	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) PATRICIA PENCE EVANS DVM 1214 SOUTHSIDE BLVD NAMPA ID 83686														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. EQUINE VETERINARY SERVICES, P.A. PATRICIA PENCE EVANS DVM 1214 SOUTHSIDE BLVD NAMPA ID 83686																
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Patricia Pence DVM</td> <td>1214 Southside Blvd</td> <td>Nampa,</td> <td>ID</td> <td></td> <td>83686</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Patricia Pence DVM	1214 Southside Blvd	Nampa,	ID		83686	3. <u>New</u> Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Patricia Pence DVM	1214 Southside Blvd	Nampa,	ID		83686											
5. Organized Under the Laws of: IDAHO C 101601	6. <table border="0"> <tr> <td>Signature:</td> <td><u>Patricia Pence DVM</u></td> <td>Date:</td> <td><u>11-7-12</u></td> </tr> <tr> <td>Name (type or print):</td> <td><u>Patricia Pence</u></td> <td>Title:</td> <td><u>President</u></td> </tr> </table>			Signature:	<u>Patricia Pence DVM</u>	Date:	<u>11-7-12</u>	Name (type or print):	<u>Patricia Pence</u>	Title:	<u>President</u>						
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