

<b>No. W 33582</b>	<b>Due no later than September 30, 2006</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b> BART GILLESPIE 803 1/2 WEST C STREET MOSCOW, ID 83843																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b> BART GILLESPIE, DVM-VETERINARY RELI BART GILLESPIE 803 1/2 WEST C STREET MOSCOW, ID 83843		<b>3. New Registered Agent Signature</b>																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b> <table style="width: 100%; border-collapse: collapse;"> <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>MEMBER</td> <td>BART GILLESPIE</td> <td>803 1/2 WEST C ST</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> <tr> <td>MEMBER</td> <td>BRIED I GILLESPIE</td> <td>803 1/2 WEST C ST</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	BART GILLESPIE	803 1/2 WEST C ST	MOSCOW	ID	83843	MEMBER	BRIED I GILLESPIE	803 1/2 WEST C ST	MOSCOW	ID	83843
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<b>5. Organized Under the Laws of:</b>  IDAHO W 33582		<b>6.</b> Signature <u>B. Gillespie</u> Date <u>7/11/06</u> Name (Typed or Printed) <u>BRIED I GILLESPIE</u> Title <u>MEMBER</u>																			

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