

|  |  |   |  |       |         |             |
|--|--|---|--|-------|---------|-------------|
| No. <b>W 63130</b>   | <b>Due no later than May 31, 2010</b><br><b>Annual Report Form</b>                         |   | 2. Registered Agent and Address <b>(NO PO BOX)</b> |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b>                                  |   | J DIANNE SOULE<br>2802 BROADWAY<br>BOISE ID 83706  |       |         |             |
|  | COMPANIONS ANIMAL HOSPITAL LLC<br>J DIANNE SOULE<br>2802 BROADWAY<br>BOISE ID 83706<br>USA |   | 3. <u>New</u> Registered Agent Signature:*         |       |         |             |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |  |   |  |       |         |             |
| Office Held  | Name   | Street or PO Address  | City   | State | Country | Postal Code |
| MANAGER  | J DIANNE SOULE   | 2802 BROADWAY   | BOISE  | ID    | USA     | 83706       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 63130</b>   | 6. Annual Report must be signed.*  |   |  |       |         |             |
|  |  | Signature: J. Dianne Soule  | Date: 04/19/2010                                   |       |         |             |
|  |  | Name (type or print): J. Dianne Soule                                     | Title: Manager                                     |       |         |             |
| Processed 04/19/2010   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |