

No. W 743		Due no later than Dec 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN ANIMAL HOSPITAL P.L.L.C. ROBERT BEEDE, DVM 800 W OVERLAND RD STE 1 MERIDIAN ID 83642		ROBERT BEEDE, DVM 800 W OVERLAND RD STE 1 MERIDIAN ID 83642	
				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
MEMBER	ROBERT BEEDE, DVM	800 W OVERLAND RD	MERIDIAN	ID	USA 83642
MEMBER	BRETT V BINGHAM	800 W OVERLAND RD STE 1	MERIDIAN	ID	USA 83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 743		Signature: Dr Bob Beede Name (type or print): Dr Bob Beede		Date: 10/16/2009 Title: Member	
Processed 10/16/2009		* Electronically provided signatures are accepted as original signatures.			