No. C 126321		Di	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Nov 30, 2007 Annual Report Form 1. Mailing Address: Correct in this box if needed. TWIN FALLS VETERINARY CLINIC AND HOSPITAL, P.A. ZSIGMOND SZANTO 2148 4TH AVE EAST TWIN FALLS ID 83301		2148 4TH AV TWIN FALLS	ZSIGMOND SZANTO 2148 4TH AVE EAST TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		oss Addresses of	Procident Secretary and Directors Transc	uror (optional)	(ontional)			
Office Held Name		ess Addresses Or	Street or PO Address	City	State	Country	Postal Code	
	EDIT SZANTO ZSIGMOND SZANTO		2148 4TH AVE. E. 2148 4TH AVE. E.	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Zsigmond Szanto, DVM Date: 09/10/2007					7	
C 126321		Name (type o		Title: President				
Processed 09/10/2007	* Electronically provided signatures are accepted as original signatures.							