

No. C 146938	Due no later than December 31, 2005		2. Registered Agent and Office 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		PAUL MCWILLIAMS													
	1. Mailing Address - Correct in this box, if applicable ORCHARD ANIMAL CLINIC, P.A. PAUL MCWILLIAMS 3607 CRESCENT RIM BOISE, ID 83706		110 N ORCHARD ST BOISE, ID 83706 3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Paul McWilliams</td> <td>3607 Crescent Rim</td> <td>Boise</td> <td>ID.</td> <td>83706</td> </tr> </tbody> </table> <p>above is name for President, V. President and Secretary</p>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Paul McWilliams	3607 Crescent Rim	Boise	ID.	83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Paul McWilliams	3607 Crescent Rim	Boise	ID.	83706											
5. Organized Under the Laws of: IDAHO C 146938		6. Signature <u>Paul McWilliams</u> Date <u>10-14-05</u> Name (Typed or Printed) <u>Paul McWilliams</u> Title <u>President</u>														

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