

No. **C 146938**

Due no later than **December 31, 2005**

2. Registered Agent and Office **NO PO BOX**

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ORCHARD ANIMAL CLINIC, P.A.
PAUL MCWILLIAMS
3607 CRESCENT RIM
BOISE, ID 83706

PAUL MCWILLIAMS
110 N ORCHARD ST
BOISE, ID 83706

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<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

above is name for President, V. President and Secretary

5. Organized Under the Laws of:

IDAHO
C 146938

6.

Signature

Paul McWilliams

Date

10-14-05

Name (Typed or Printed)

Paul McWilliams

Title

President

Issued 10/03/2005

Do Not Tape or Staple

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