

No. C 44725

Due no later than December 31, 2006
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

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

ALPINE ANIMAL HOSPITAL, P.A.
JEFFREY ANDERSON
10298 S ROBIN D
MCCAMMON, ID 83250

JEFFREY ANDERSON
10298 S ROBIN RD
MCCAMMON, ID 83250

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.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Jeffrey F. Anderson, D.V.M.	10298 So Robin Road	McCammom, Id		83250

5. Organized Under the Laws of:

IDAHO
C 44725

6.

Signature

Name (Typed Printed)

Jeffrey F. Anderson, D.V.M. Date *Oct 21-06*
Jeffrey F. Anderson, D.V.M. Title *President*