

No. C104989	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MAGIC VALLEY VETERINARY HOSP CONNIE S RIPPEL 542 MAIN AVE S		CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS ID 83301
* FIRST NOTICE *	TWIN FALLS	ID 83301	3. Organized Under the Laws of: ID C104989
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u> President Vice Pres Secretary	<u>Name</u> } → Connie Rippel	<u>Street or P.O. Address</u> 1262 Park Meadows	<u>City</u> Twin Falls
			<u>State</u> ID.
			<u>Zip</u> 83301
5. Signature of New Registered Agent		6.	
		Signature <u>Connie S Rippel, DVM</u> Date <u>2/16/99</u>	
		Name <small>(Typed or Printed)</small> <u>Connie S. Rippel</u> Title <u>DVM</u>	

ISSUED: 07-03-1999

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