

No. C 63653		Due no later than Apr 30, 2009		2. Registered Agent and Address (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 1. Mailing Address: Correct in this box if needed. HAWTHORNE ANIMAL HOSPITAL, P. A. LONNA GERSTNER LONNA GERSTNER 5011 HAWTHORNE ROAD POCATELLO ID 83201		LONNA GERSTNER, D.V.M. 5011 HAWTHORNE ROAD POCATELLO ID 83201	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	LONNA M. GERSTNER	5011 HAWTHORNE	POCATAELLO	ID	USA 83202
5. Organized Under the Laws of: ID C 63653		6. Annual Report must be signed.* Signature: Lonna Gerstner, D.V.M. Name (type or print): Lonna Gerstner, D.V.M. Date: 06/17/2009 Title: Owner			
Processed 06/17/2009		* Electronically provided signatures are accepted as original signatures.			