

No. C 118698	Due no later than March 31, 2005 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		ROBERT L WHITE, DVM 408 MAIN AVE ST MARIES, ID 83861 3. New Registered Agent Signature												
	ST. JOE ANIMAL CLINIC P.C. ROBERT L WHITE, DVM 408 MAIN AVE ST MARIES, ID 83861														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert L White DVM</td> <td>PO Box 279</td> <td>St Maries</td> <td>Id</td> <td>83861</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Robert L White DVM	PO Box 279	St Maries	Id	83861
Office held	Name	Street or P.O. Address	City	State	Zip										
President	Robert L White DVM	PO Box 279	St Maries	Id	83861										
5. Organized Under the Laws of: IDAHO C 118698	6. Signature <u>Robert L White DVM</u> Date <u>3-31-05</u> Name (Typed or Printed) <u>Robert L White DVM</u> Title <u>President</u>														