

No. C 111823

Due no later than August 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box. If applicable

SUNNYSIDE VETERINARY CLINIC, P.A.  
MICHAEL O NIELD  
629 W SUNNYSIDE RD  
IDAHO FALLS, ID 83402

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629 W SUNNYSIDE RD  
IDAHO FALLS, ID 83402

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	Michael O. Nield	629 W. Sunnyside	Idaho Falls	ID 83402	83274
Secretary	Michelle Nield	629 W. Sunnyside	Idaho Falls	ID 83402	83274

5. Organized Under the Laws of:  
IDAHO  
C 111823

6.

Signature

Date

6/19/07

Name (Typed or Printed)

Mike Nield

Title

President