

No. C 184596	Due no later than Sep 30, 2010 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. FEEDLOT HEALTH MANAGEMENT SERVICES (USA) INC. DR SCOTT MACGREGOR 4686 S 58 W IDAHO FALLS ID 83402	DR SCOTT MACGREGOR 4686 S 58 W IDAHO FALLS ID 83402				
		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	SCOTT (IDLE_NAME) MACGREGOR	4686 S. 58 W.	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: ID C 184596	6. Annual Report must be signed.* Signature: Scott MacGregor DVM Name (type or print): Scott MacGregor DVM		Date: 08/06/2010 Title: Managing Director			
Processed 08/06/2010		* Electronically provided signatures are accepted as original signatures.				