

No. C 120073

Due no later than July 31, 2004
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

1. Mailing Address - Correct in this box, if applicable

CRITTER CLINIC, P.A.
MIKE COHN
10534 W USTICK RD
BOISE, ID 83704

MIKE COHN DVM
10534 W USTICK RD
BOISE, ID 83704

**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	Mike Cohn DVM	10534 W Ustick	Boise	ID	83704
Vice President	Bill Cohn	8400 Wenonga Lane	Leawood	KS	66206
Secretary	David Cohn	5186 N. Pinnacle Pt Dr.	Tucson	AZ	85749

5. Organized Under the Laws of:

IDAHO
C 120073

6.

Signature

Date

6/11/04

Name (Typed or Printed)

Mike Cohn DVM

Title

Pres

Issued 05/03/2004

Do Not Tape or Staple

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