

No. C 44725	Due no later than Dec 31, 2002 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 ALPINE ANIMAL HOSPITAL, P.A. JEFFREY ANDERSON 13821 DEKAY RD 10298 So Robin Rd POCATELLO, ID 83202 McCammon Id 83250		JEFFREY ANDERSON 13821 DEKAY RD 10298 So Robin Rd POCATELLO, ID 83202 McCammon Id 83250 3. New Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jeffrey F Anderson, D.V.M.</td> <td>10298 So. Robin Rd</td> <td>McCammon</td> <td>Id</td> <td>83250</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Jeffrey F Anderson, D.V.M.	10298 So. Robin Rd	McCammon	Id	83250
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Jeffrey F Anderson, D.V.M.	10298 So. Robin Rd	McCammon	Id	83250										
5. Organized Under the Laws of: IDAHO C 44725	6. Signature <u>Jeffrey F. Anderson, D.V.M.</u> Date <u>Oct 15 2002</u> Name (Typed or Printed) <u>Jeffrey F. Anderson, D.V.M.</u> Title <u>President</u>														