

No. C 98546		Due no later than May 31, 2007		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form		OFER INBAR 508 N GREENWOOD SHOSHONE, ID 83352	
NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable SHOSHONE VETERINARY HOSPITAL, LTD. OFER INBAR DVM PO BOX 647 SHOSHONE, ID 83352		3. <u>New</u> 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	Ofer Inbar	P.O. Box 647	Shoshone	ID	83352
Secretary	Sherry Kwak	P.O. Box 647	shoshone	ID	83352
5. Organized Under the Laws of: IDAHO C 98546		6. Signature <u>Sherry Kwak</u> Date <u>6/7/07</u> Name (Typed or Printed) <u>Sherry Kwak</u> Title <u>Office Manager</u> <u>Corp. Secretary</u>			

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Do Not Tape or Staple

Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

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