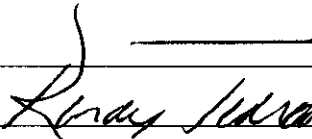


No. C 115853	Due no later than Jul 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PANHANDLE VETERINARY CLINIC, P.A. 217 N STATE AVE OLDTOWN, ID 83822		RANDY TEDROW 216 N HWY 41 217 N State Avenue OLDTOWN, ID 83822 3. <u>New</u> 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>Randy Tedrow</td> <td>217 N State Avenue</td> <td>Oldtown</td> <td>ID</td> <td>83822</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	Randy Tedrow	217 N State Avenue	Oldtown	ID	83822
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Randy Tedrow	217 N State Avenue	Oldtown	ID	83822											
5. Organized Under the Laws of: IDAHO C 115853		6. Signature  Date 5/31/00 Name (Typed or Printed) Randy Tedrow, President Time														

Issued 05/10/2000

Do Not Tape or Staple

3401