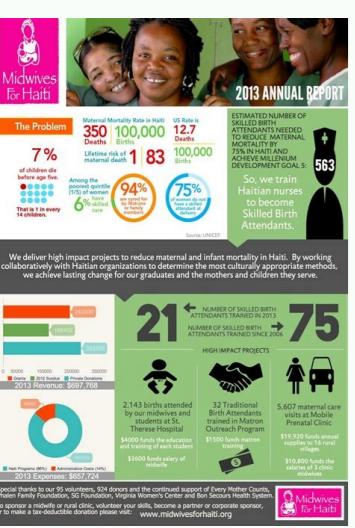
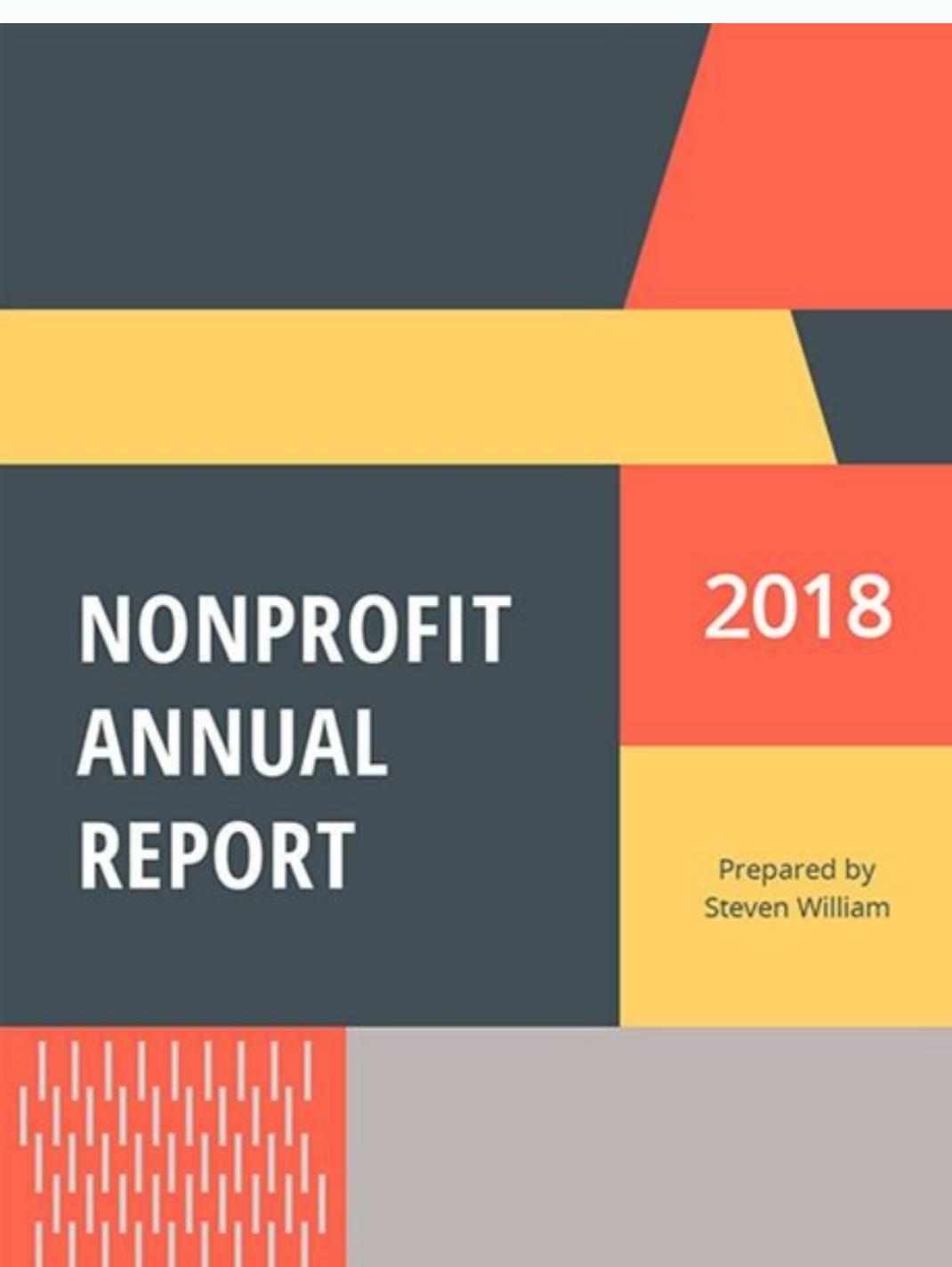


**Open**



1.	SKRBNIK u mjestu odredišta/SLUŽBENI VETERINAR – Ime i adresa (*)		
2.	Mjesto i država članica odredišta/mjesto provjere (*)	3. Datum i vrijeme provjere	
4.	<b>OBAVLJENI PREGLEDI</b>	<b>5. REZULTAT PROVJERA</b>	
4.1.	Prijevoznik Broj ovlaštenja (*)	<input type="checkbox"/> 5.1. Uдовoljava	<input type="checkbox"/> 5.2. Odstupa
4.2.	Vozač Broj potvrde o sposobljenosti	<input type="checkbox"/>	<input type="checkbox"/>
4.3.	Prijevozno sredstvo Identifikacija (*)	<input type="checkbox"/>	<input type="checkbox"/>
4.4.	Osigurani prostor Prosječan prostor/po životinji u m <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
4.5.	Podaci dnevnika puta i vremensko ograničenje putovanja	<input type="checkbox"/>	<input type="checkbox"/>
4.6.	Životinje (navedite broj za svaku kategoriju)		
	Ukupno provjereno	N Nesposobne	U Uginule
			S Sposobne
6.	Ja, skrbnik životinja, na mjestu odredišta/službeni veterinar, ovim izjavljujem da sam provjerio ovu pošiljku životinja. Pre mojim saznanjima, u trenutku provjere evidentirani su gore navedeni nalazi. Upoznat sam s tim da se nadležno tijelo može izvijestiti što je prije moguće o svim odstupanjima koja se mogu utvrditi i svaki put kad se pronađu uginule životinje.		
7.	Potpis skrbnika na mjestu odredišta/službenog veterinara (uz službeni žig)		



**NON-PROFIT  
ANNUAL CORPORATION REPORT**

Filing Fee: \$10 (Make check payable to: CNMI Treasury)  
File original and Two copies.

FILED: THE INITIAL REPORT MUST BE FILED WITHIN 60 DAYS OF INCORPORATION. THE ANNUAL REPORT MUST BE FILED ON OR BEFORE MARCH 1<sup>ST</sup> OF EACH YEAR.

**FILE WITH:** Register of Corporations  
Department of Commerce  
2<sup>nd</sup> Floor Justice Dundas Building Room 200  
Calgary Box 10007  
Saskatoon, SK S7N 5G9

Check one: ( ) Initial Report 20\_\_\_\_ ( ) Annual Report for 20\_\_\_\_

**L. NAME OF CORPORATION:**

2. Mailing address of principal office at which business is conducted:  
(In the Northern Mariana Islands (CNMI)); (Outside of the CNMI, if applicable)

3. Name, mailing address and telephone number of person to contact in regards to business affairs of the corporation:

Name:	Address:	Telephone Number:
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4. Date operations began in the CNMI:

**4b. Type of business being conducted as of December 31, 2011:**

5a. Date of Annual Membership Meeting: \_\_\_\_\_ 5b. Date of Annual Membership Meeting, if any: \_\_\_\_\_



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