

ASIC registered agent number \_\_\_\_\_  
**lodging party or agent name** Chris Lowndes  
 office, level, building name or PO Box no PO Box 391  
 street number and name \_\_\_\_\_  
 suburb/city Brisbane state/territory Qld postcode 4013  
 telephone (07) 3621 6000  
 facsimile (07) 3621 6084  
 DX number \_\_\_\_\_ suburb/city \_\_\_\_\_  
 Ref \_\_\_\_\_

	ASS. <input type="checkbox"/> REQ-A <input type="checkbox"/> CASH. <input type="checkbox"/> REQ-P <input type="checkbox"/> PROC <input type="checkbox"/>
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Australian Securities & Investments Commission

form **1003**

## Disclosure notice for unlisted disclosing entity

ASCOT 7053

(to be lodged as soon as practicable after the disclosing entity becomes aware of the information)

Corporations Act 2001  
1001B(1)

### Disclosing entity

Please complete A, B or C.

**A a company**

name Provet Holdings Limited  
 A.C.N. 092 593 774

**B a body (other than a company)**

name \_\_\_\_\_  
 A.R.B.N. \_\_\_\_\_

**C a prescribed interest undertaking**

name \_\_\_\_\_

ASIC prescribed interest number \_\_\_\_\_

### Details of information

date that the disclosing entity became aware of the information 19/10/2009

**full information** (if insufficient space please use an annexure)

The following special resolution was passed during a show of hands vote by shareholders present, 43 votes in favour and 2 votes against, at the Extraordinary General Meeting of Shareholders at 2pm on the 19<sup>th</sup> October 2009 at Provet Queensland's building.

The shareholders were asked to consider the following special resolution:  
 'That in accordance with rule 4.1(a) of the Provet constitution the investment by LCW Private Equity Pty Ltd and /or CWC COFA Pty Ltd, CWC COFB Pty Ltd and CWC Investors Pty Ltd be approved and that the constitution be amended by including a new rule 4A as set out in the schedule to the Explanatory Memorandum forming part of this notice of meeting.'

### Declaration

- I verify that the attached document marked ( ) is the original document.  
 I certify that the attached document marked ( ) is a true copy of the original document.

### Signature

This form is to be signed by:

if a company or a body a director or secretary or the equivalent  
 if a prescribed interest undertaking a director or secretary of the management company or trustee company acting in that capacity  
 name of management \_\_\_\_\_  
 or trustee company \_\_\_\_\_  
 ACN or ARBN \_\_\_\_\_

name of person signing (print) Chris Lowndes capacity Company Secretary

sign here  date 19/10/2009

Small Business (less than 20 employees), please provide an estimate of the time taken to complete this form

**Include**

- The time actually spent reading the instructions, working on the question and obtaining the information
- The time spent by all employees in collecting and providing this information

hrs mins

**DISCLOSURE NOTICE**