(No. W 31961	Due no later than July 31, 2006	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BO
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applica	ROBERTA L KONZEK
700 WEST JEFFERSON	HEALTHY PET HAPPENINGS, LLC	366 E AVALON KUNA, ID 83634
PO BOX 83720	366 E AVALON	1014A, ID 63634
BOISE, ID 83720-0080	KUNA, ID 83634	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		
4. Limited Liability Compar	nies: Enter Names and Addresses of Member	
Office		\$.
Office held Name	Street or P.O. Address	City State Zin
User tocotal	Street or P.O. Address XONZEX, DVM	State Zip
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5. Organized Under the Laws of:	6. Ph. Cla Ch.	
IDAHO	6. Signature	ENDARDAM SIRIONO
	Signature Signature	Ong k, DHM 5/10/00
IDAHO	I malla (X)	ONDERDUM 5/15/00