

No. C 162019

Due no later than August 31, 2008

Annual Report Form

2. Registered Agent and Office NO POST BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PAWZ VETERINARY MEDICAL SURGICAL CE
9212 S TALON LN
BOISE, ID 83709

SAMUEL M FASSIG DVM
9212 S TALON LN
BOISE, ID 83709

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

Pres
506/owner


9212 S TALON LN

BOISE

ID

83709

5. Organized Under the Laws of:

IDAHO
C 162019

6.

Signature

Date

Name (Typed or Printed)

Title

Dr. Samuel M. Fassig

Issued 06/02/2008

Do Not Tape or Staple

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