

No. C 162019

Due no later than August 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

3. New Registered Agent Signature

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

Office held Name

Street or P.O. Address

City

State

Zip

*Pres
Samuel M. Fassig
Owner* 9212 S TALON LN BOISE ID 83709

5. Organized Under the Laws of:

IDAHO
C 162019

6.

Signature

Name (Typed or
Printed)

Dr. Samuel M. Fassig

Date *16 July 08*

Title *Pres*