

No. <b>C 179996</b>		<b>Due no later than Sep 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  CRITTER CARE CORPORATION SHARON M AVERY 75 BACK HILLS DR ST MARIES ID 83861 USA		SHARON AVERY 75 BACK HILLS DR ST MARIES ID 83861				
						3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).								
Office Held	Name	Street or PO Address	City	State	Country	Postal Code		
DIRECTOR	SHARON AVERY	75 BACK HILLS DR	ST MARIES	ID	USA	83861	NSW	
DIRECTOR	SHEAN HALLEY	#9 TINGARA RD	NELSON BAY		AUSTRALIA	2315		
TREASURER	CHRISTI L BAKER	137 S.7TH ST. APT. 4	ST. MARIES	ID	USA	83861		
5. Organized Under the Laws of:  <b>ID</b> <b>C 179996</b>		6. Annual Report must be signed.*  Signature: Sharon Avery Name (type or print): Sharon Avery						Date: 09/20/2012 Title: Director
Processed 09/20/2012 * Electronically provided signatures are accepted as original signatures.								