No. **W 5021**	**Due no later than Nov 30, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SUPER TEDDIES SPECIAL KARE CENTERS, L.L.C. DENNIS W BRAULICK 917 E 12TH AVE POST FALLS, IDAHO ID 83854-9004 USA	DENNIS W BRAULICK 917 E 12TH AVE POST FALLS, IDAHO ID 83854-9004 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DENNIS W BRAULICK	1273 NORTH AMERICAN DR.	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 5021**	Signature: Dennis W. Braulick Name (type or print): Dennis W. Braulick	Date: 11/30/2015 Title: owner / Manager

Processed 11/30/2015

* Electronically provided signatures are accepted as original signatures.