

No. W 5021

Due no later than November 30, 2007
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

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

SUPER TEDDIES SPECIAL KARE CENTERS,
917 E 12TH AVE
POST FALLS, ID 83854

DENNIS W BRAULICK
917 E 12TH AVE
POST FALLS, ID 83854

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

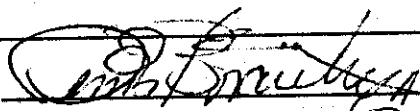
4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President/owner manager	Dennis W Braulick	917 E 12th AVE	Post Falls,	Id.	83854

5. Organized Under the Laws of:
IDAHO
W 5021

6.

Signature



Date

10/11/07

Name

(Typed or
Printed)

DENNIS W. BRAULICK

Title

President/owner

Issued 09/04/2007

Do Not Tape or Staple

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