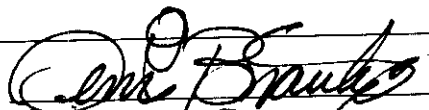


No. W 5021	Due no later than Nov 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable SUPER TEDDIES SPECIAL KARE CENTERS, 1021 E 12TH AVE 917 EAST 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 Members. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">President/ owner</td> <td style="vertical-align: top;">Dennis w. Braulick</td> <td style="vertical-align: top;">917 East 12th Ave</td> <td style="vertical-align: top;">Post Falls,</td> <td style="vertical-align: top;">Id.</td> <td style="vertical-align: top;">83854</td> </tr> </tbody> </table>				<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	Dennis w. Braulick	917 East 12th Ave	Post Falls,	Id.	83854
<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	Dennis w. Braulick	917 East 12th Ave	Post Falls,	Id.	83854										
5. Organized Under the Laws of: IDAHO W 5021		6. Signature  Date 19-01-06 Name <small>(Typed or Printed)</small> Dennis w. Braulick Title President													