

No. W 5627	Due no later than Feb 28, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX KATHY CODD 4952 N LARKWOOD PL MERIDIAN, ID 83712												
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 applicable SUPER PAWS AGILITY TRAINING L.L.C. KATHY CODD 4952 N LARKWOOD PL MERIDIAN, ID 83642	3. New Registered Agent Signature 												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>KATHY CODD</td> <td>4952 N. Larkwood PL</td> <td>Meridian</td> <td>ID</td> <td>83642</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>	MANAGER	KATHY CODD	4952 N. Larkwood PL	Meridian	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MANAGER	KATHY CODD	4952 N. Larkwood PL	Meridian	ID	83642									
5. Organized Under the Laws of: IDAHO W 5627	6. Signature <u>Kathy Codd</u> Date <u>3/18/03</u> Name (Typed or Printed) <u>Kathy Codd</u> Title <u>owner/MANAGER</u>													