

No. C 162017

Due no later than August 31, 2008

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

Annual Report Form

SAMUEL M FASSIG DVM  
9212 S TALON LN  
BOISE, ID 83709

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

PAWZ PET CARE KENNEL SERVICES, INC.  
DR SAMUEL M FASSIG  
9212 S TALON LN  
BOISE, ID 83709

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	DR SAMUEL FASSIG	9212 S. Talon Ln	BOISE	ID	83709

5. Organized Under the Laws of:

IDAHO  
C 162017

6.

Signature

Date

16 July 08

Name

(Typed or Printed)

Dr. Samuel M. Fassig

Title

Pres