

No. <b>W 31961</b>	Due no later than July 31, 2005 Annual Report Form		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable <del>1501 N. PET</del> HAPPENINGS, LLC 366 E AVALON KUNA, ID 83634  <i>ok kow</i>		ROBERTA L KONZEK 366 E AVALON KUNA, ID 83634  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>ROBERTA L KONZEK, DVM</td> <td>4539 33rd Street</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td></td> <td></td> <td>Ave</td> <td></td> <td></td> <td></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>	Owner	ROBERTA L KONZEK, DVM	4539 33rd Street	Boise	ID	83709			Ave			
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		Ave																			
5. Organized Under the Laws of:  IDAHO W 31961		6. Signature <i>Roberta L Konzek</i> Date <i>6/27/05</i> Name <i>Roberta L Konzek, DVM</i> Title <i>Owner</i>																			