No. <b>C 170301</b>				2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PET CARE CLINIC KUNA, INC. ROBERTA KONZEK 366 E AVALON ST KUNA ID 83634-2131		366 E AVAL	ROBERTA KONZEK 366 E AVALON ST KUNA ID 83634-2131			
				3. <u>New</u> Registr	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busi	ness Addresses	of President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ROBERTA I	KONZEK	366 E AVALON ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 170301		Signature:	Roberta L Konzek		Date: 10/16/2012			
		Name (type or print): Roberta L Konzek Title:				Owner		
Processed 10/16/2012		* Electronically	nal signatures.					