No. C 162019	Due no later than August 31, 2006  Annual Report Form		Registered Agent and Office NO PO BOX     SAMUEL M FASSIG DVM		
Return to:					
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable 2212 S TALON LN				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PAWZ VETERINARY MEDICAL SURGICAL CE 9212 S TALON LN BOISE, ID 83709		BOISE, ID 83709		
			3. New Registered Agent Signature		
NO FILING FEE IF					
RECEIVED BY DUE DATE			1514		
Corporations: Enter Name	es and Business Addresses of President, Sec	retary	and Directors.		
Office held Name	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>	
Dr. Samuel M. Fassig 9212 S. Talon Lane Boise, Idaho 83709					
5. Organized Under the Laws of: IDAHO C 162019	6. Signature Mul Kuffun		Date /5 A	y 2006	
	Name (Typed or Printed)		Title <u>C&amp;&amp;</u>		
Issued 06/01/2006	Do Not Tape or Staple as	Ssia	20060800	5647	