

No. <b>C 162016</b>	<b>Due no later than Aug 31, 2009</b> <b>Annual Report Form</b>	2. Registered Agent and Address <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>	<b>1. Mailing Address: Correct in this box if needed.</b>  PAWZ PET CARE CENTERS, INC. DR. SAMUEL M FASSIG 9212 S TALON LN BOISE ID 83709	SAMUEL M FASSIG DVM 9212 S TALON LN BOISE ID 83709	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	SAMUEL M FASSIG	9212 S TALON LANE	BOISE ID USA 83709
5. Organized Under the Laws of:  <b>ID C 162016</b>	6. Annual Report must be signed.* Signature: Dr Samuel M Fassig Name (type or print): Dr Samuel M Fassig		Date: 08/14/2009 Title: President
Processed 08/14/2009		* Electronically provided signatures are accepted as original signatures.	