No. C 162016	Due no later than Aug 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		SAMUEL M FASSIG DVM 9212 S TALON LN BOISE ID 83709			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. PAWZ PET CARE CENTERS, INC. DR. SAMUEL M FASSIG 9212 S TALON LN BOISE ID 83709					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE ID 63709			
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 N	I FASSIG	9212 S TALON LANE	BOISE	ID	USA	83709
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
TD	Signature: Dr. Samue	Date: 10/03/2007				
C 162016			Title: Ceo			
Processed 10/03/2007	* Electronically provided signatures are accepted as original signatures.					