| No. <b>W 87211</b>   |   |                      | 2. Registered Agent and Address (NO PO BOX)             |       |         |             |
|--|---|----------------------|---|-------|---------|-------------|
| eturn to: Annual Report Fo   |   | ual Report Form      | SANDRA SARTORIUS<br>2931 SUGARCANE DR<br>NAMPA ID 83687 |       |         |             |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720   | 1. Mailing Address: Correct in this box if needed.  ANGELS MOBILE PAWDICURE LLC SANDRA A SARTORIUS 2931 SUGARCANE DR NAMPA ID 83687 |                      |   |       |         |             |
| BOISE, ID 83720-0080   |   |                      | 3. New Registered Agent Signature:*                     |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |                      |   |       |         |             |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. |   |                      |   |       |         |             |
| Office Held Name   |   | Street or PO Address | City  | State | Country | Postal Code |
| MEMBER ANGELLICA   | L SARTORIUS/ KEEF   | 2931 SUGARCANE DR.   | NAMPA   | ID    | USA     | 83687       |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*   |                      |   |       |         |             |
| ID   | Signature: Sandra Sartorius   |                      | Date: 09/29/2010  |       |         |             |
| W 87211  | Name (type or print): Sandra Sartorius  |                      | Title: Owner/Manager                                    |       |         |             |
| Processed 09/29/2010   | * Electronically provided signatures are accepted as original signatures.   |                      |   |       |         |             |