No. C 162019		Annual Report Form 1. Mailing Address: Correct in this box if needed. PAWZ VETERINARY MEDICAL SURGICAL CENTER, INC. 9212 S TALON LN BOISE ID 83709		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				SAMUEL M FASSIG DVM 9212 S TALON LN BOISE ID 83709 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		ess Addresses of Preside	ent, Secretary, and Directors. Treasurer	(optional)			
Office Held	Name	ess Addresses of Freshde	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:		6. Annual Report must be signed.*					
ID		Signature: Dr Samue	Date: 08/14/2009				
C 162019		Name (type or print)	Title: President				
Processed 08/14/2009 * Electronically provided signatures are accepted as original signatures.							