

No. C 195925		Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. 5B PAWS N CLAWS INC KATE NIXON PO BOX 4066 HAILEY ID 83333		KATIE NIXON 616 S MAIN ST HAILEY ID 83333			
						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	KATE NIXON	PO BOX 4066	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: ID C 195925		6. Annual Report must be signed.* Signature: Kate Nixon Name (type or print): Kate Nixon					
		Date: 07/21/2015 Title: President					
Processed 07/21/2015 * Electronically provided signatures are accepted as original signatures.							