

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