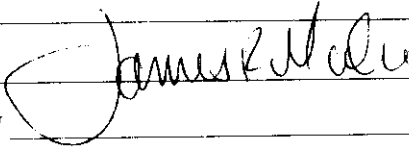


No. W 20012	Due no later than July 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JAMES R MALEC 139 BLAINE AVE NAMPA, ID 83651												
	FULL CIRCLE CANINE SERVICES LLC 139 BLAINE AVE NAMPA, ID 83651														
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>James R Malec</td> <td>139 Blaine Ave</td> <td>Nampa</td> <td>Id</td> <td>83651</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		James R Malec	139 Blaine Ave	Nampa	Id	83651
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	James R Malec	139 Blaine Ave	Nampa	Id	83651										
5. Organized Under the Laws of: IDAHO W 20012		6. Signature  Date <u>5.7.2004</u> Name <small>(Typed or Printed)</small> _____ Title _____													