

No. <b>C 172441</b>	<b>Due no later than April 30, 2008</b>		<b>2. Registered Agent and Office NO PO BOX</b>		
Return to: <b>SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JANE K. KNOX <i>Nielsen</i>	
		1. Mailing Address - Correct in this box, if applicable  A-1 DRUG TESTING CORPORATION JANE K KNOX PO BOX 5961 TWIN FALLS, ID 83303		1012 DEL MAR DR TWIN FALLS, ID 83301	
				3. New Registered Agent Signature <i>Jane K. Nielsen</i>	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>President</i>	<i>Jane K. Nielsen</i>	<i>1012 Del Mar Dr.</i>	<i>Twin Falls</i>	<i>Idaho</i>	<i>83301</i>
<i>Secretary</i>	<i>Michael L Nielsen, Sr.</i>	<i>1012 Del Mar Dr.</i>	<i>Twin Falls</i>	<i>Idaho</i>	<i>83301</i>
5. Organized Under the Laws of: IDAHO C 172441		6. Signature <i>Jane K. Nielsen</i> Date <i>2/19/2008</i>			
		Name (Typed or Printed) <i>President Jane K. Nielsen</i> Title <i>President</i>			

Issued 02/01/2008

**Do Not Tape or Staple**

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