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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------|---------------------|
| No. <b>C 143205</b>                                                                                                                                    |               | <b>Due no later than Mar 31, 2009</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SPRINKLERS BY DUANE, INC.<br>DUANE S DRAPEAU<br>8561 N CLOVERLEAF RD #33<br>HAUSER ID 83854 |            | DUANE S. DRAPEAU<br>8561 N CLOVERLEAF RD #33<br>HAUSER ID 83854 |                     |
|                                                                                                                                                        |               |                                                                                                                                                                                               |            | 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                                                                                                                                              | DUANE DRAPEAU | P.O. BOX 1624                                                                                                                                                                                 | POST FALLS | ID                                                              | USA 83877-1624      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 143205</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Duane Drapeau<br>Name (type or print): Duane Drapeau<br>Date: 04/23/2009<br>Title: President                                                  |            |                                                                 |                     |
| Processed 04/23/2009                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |            |                                                                 |                     |