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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|-----------------------------|-------------|--|
| No. <b>C 162569</b>                                                                                                                                    |              | <b>Due no later than Sep 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>ONTARIO SANITARY SERVICE INC.<br>SCOTT A WILSON<br>540 SE 9TH AVE<br>ONTARIO OR 97914 |         | STEVE HARPER<br>1605 SW 2ND AVE<br>FRUITLAND ID 83619 |                             |             |  |
|                                                                                                                                                        |              |                                                                                                                                                        |         | 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                                                                                                                                              | SCOTT WILSON | 540 SE 9TH AVE                                                                                                                                         | ONTARIO | OR                                                    | USA                         | 97914       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                      |         |                                                       |                             |             |  |
| <b>OR<br/>C 162569</b>                                                                                                                                 |              | Signature: Denise Forsyth                                                                                                                              |         |                                                       | Date: 08/18/2009            |             |  |
|                                                                                                                                                        |              | Name (type or print): Denise Forsyth                                                                                                                   |         |                                                       | Title: Office Mgr/Secretary |             |  |
| Processed 08/18/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                              |         |                                                       |                             |             |  |