| No. C 149644 | | Due no later than Jun 30, 2014 | | 2. Registered Agent and Address (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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO ONSITE SERVICES, INC. ALLEN C WORST 625 BEST AVE COEUR D ALENE ID 83814 USA | | ALLEN WORST 625 BEST AVE COEUR D'ALENE ID 83814 | | | | |
| | | | | | 3. New Registered Agent Signature:* | | | |
| 2001 00 10 | nes and Busin | ess Addresses of Pres | sident, Secretary, and Directors. Trea | asurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT VICE PRESIDENT | ALLEN C WORST KENNETH C WORST | | 625 BEST AVENUE 625 BEST AVENUE | | COEUR D'ALENE COEUR D'ALENE | ID ID | USA USA | 83814 83814 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Nicki Sawicki | | | Date: 04/22/2014 | | | |
| C 149644 | | Name (type or print): Nicki Sawicki | | | Title: Admin. Assistant | | | |
| Processed 04/22/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |