

|                                                                                                                                                        |                    |                                                                                                                                                     |       |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>C 69651</b>                                                                                                                                     |                    | <b>Due no later than Apr 30, 2012</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>DEFIANCE ENTERPRISES, INC.<br>JOHN E TREHARNE<br>6320 W BARON LN<br>BOISE ID 83703 |       | JOHN E TREHARNE<br>6320 W BARON LANE<br>BOISE ID 83703 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                     |       | 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      |  |
| SECRETARY                                                                                                                                              | COLLEEN S TREHARNE | 6320 W. BARON LN.                                                                                                                                   | BOISE | ID                                                     | USA     | 83703            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                   |       |                                                        |         |                  |  |
| <b>ID<br/>C 69651</b>                                                                                                                                  |                    | Signature: John Treharne                                                                                                                            |       |                                                        |         | Date: 02/08/2012 |  |
|                                                                                                                                                        |                    | Name (type or print): John Treharne                                                                                                                 |       |                                                        |         | Title: President |  |
| Processed 02/08/2012                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                        |         |                  |  |