




No. C 154219		Due no later than Apr 30, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID SWENSON 7790 N ATLAS RD COEUR D'ALENE ID 83815															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. AMERICAN ANALYTICAL SERVICES, INC. MICHAEL K BRANSTETTER PO BOX 709 WALLACE ID 83873		3. New Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.																			
<table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td></td><td>David B Swenson</td><td>EO Box 748</td><td>Osburn</td><td>ID</td><td>USA</td><td>83849</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code		David B Swenson	EO Box 748	Osburn	ID	USA	83849
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
	David B Swenson	EO Box 748	Osburn	ID	USA	83849													
5. Organized Under the Laws of: IDAHO C 154219		6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td colspan="2">03/02/10</td></tr><tr><td>Name (type or print):</td><td colspan="2">David Swenson</td><td>Title:</td><td>Manager</td></tr></table>				Signature:		Date:	03/02/10		Name (type or print):	David Swenson		Title:	Manager				
Signature:		Date:	03/02/10																
Name (type or print):	David Swenson		Title:	Manager															
Issued 02/11/2010 by SL1																			
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM