| No. C 88209  | Annual Report Form 1997 Due No Later Than November 30,  | 2. Registered Agent of WALLACE |         | APO BOX  |
|--|---|--------------------------------|---------|----------|
| SECRETARY OF STATE   | 1 Mailing Address Please Correct, If Not Correct  | WALL ACT                       | 77702   |          |
| 700 WEST JEFFERSON   | BESTWAY PEST CONTROL, INC.  | P.O. Box                       | 145/    |          |
| PO BOX 83720<br>BOISE, ID 83720-0080                                     | WALLACE SAVASE  | PUCATELLO                      |         | 83204    |
| NO FEE REQUIRED  | P.O. Box 1451   |                                |         |          |
|  |   | 3 Organized Under the Laws of  |         |          |
| * FIRST NOTICE *   | POCATELLO ID 83204  | ID                             | C 88    | 209      |
| 4. Corporations: Enter Names and I<br>Limited Liability Companies: Enter | Business Addresses of President, Secretary and Directors er Names and Addresses of   Managers or  Members | (check one)                    |         |          |
| Office held Name   | Street or P.O. Address  | City                           | State   | Zlo      |
| President Wallze   | - 5 Sever P.O. Box  | PocaTello                      | TI.     | 83204    |
|  | 1451  | 1000                           |         | 0 34 - 7 |
|  |   |                                |         |          |
| 5.   | 6.  |                                |         | ·        |
|  | Signature Manage A Hours  | Date                           | 7-23-9  | 7        |
|  | Name (Typed or Wallze - S Sova  | re_ Title P                    | - zidea | T        |
| ISSUED: 07-04-19   |   | 1                              | 233     |          |
|  | CONTRACT OR CAPLE )   | ,                              |         |          |
|  |   |                                |         |          |