

|  |                  |   |       |  |                     |
|--|------------------|---|-------|--|---------------------|
| No. <b>C 151798</b>  |                  | <b>Due no later than Nov 30, 2011</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CUSTOM CARE PEST SERVICES INC.<br>PHILIP C COULSON<br>5709 S COLE RD<br>BOISE ID 83709<br>USA |       | PHILIP C COULSON<br>5709 S COLE RD<br>BOISE ID 83709 |                     |
|  |                  |   |       | 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  | PHILIP C COULSON | 5709 S COLE RD  | BOISE | ID   | USA 83709-6407      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 151798</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Philip Coulson<br>Name (type or print): Philip Coulson<br>Date: 09/12/2011<br>Title: President  |       |  |                     |
| Processed 09/12/2011   |                  | * Electronically provided signatures are accepted as original signatures.   |       |  |                     |