

|                                                                                                                                                        |                   |                                                                                                                                             |           |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|---------|------------------|--|
| No. <b>C 145951</b>                                                                                                                                    |                   | <b>Due no later than Oct 31, 2010</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>CTC ACCESSORIES, INC.<br>MARIA GOLPHENEE<br>PO BOX A<br>SANDPOINT ID 83864 |           | MARIA GOLPHENEE<br>389 UPLAND DR<br>SANDPOINT ID 83864 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                             |           | 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                                                                                                                                              | MARIA V GOLPHENEE | 389 UPLAND DRIVE                                                                                                                            | SANDPOINT | ID                                                     | USA     | 83864            |  |
| PRESIDENT                                                                                                                                              | BRAD GOLPHENEE    | PO BOX A                                                                                                                                    | SANDPOINT | ID                                                     | USA     | 83864            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                           |           |                                                        |         |                  |  |
| <b>WA<br/>C 145951</b>                                                                                                                                 |                   | Signature: Maria Golphenee                                                                                                                  |           |                                                        |         | Date: 08/23/2010 |  |
|                                                                                                                                                        |                   | Name (type or print): Maria Golphenee                                                                                                       |           |                                                        |         | Title: Secretary |  |
| Processed 08/23/2010                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                   |           |                                                        |         |                  |  |