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|--|---------------|--|-----------|--|---------|-------------|--|
| No. C 95995 | | Due no later than Aug 31, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | JON T RICE 7365 W BUCKSKIN RD POCATELLO ID 83201 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | FLO-RITE, INC. JON T RICE 7365 W BUCKSKIN RD POCATELLO ID 83201 | | | | | |
| 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 | |
| TREASURER | SANDRA F RICE | 7365 W. BUCKSKIN RD. | POCATELLO | ID | USA | 83201 | |
| DIRECTOR | JON T RICE | 7365 W. BUCKSKIN RD. | POCATELLO | ID | USA | 83201 | |
| SECRETARY | SANDRA F RICE | 7365 W. BUCKSKIN RD. | POCATELLO | ID | USA | 83201 | |
| PRESIDENT | JON T RICE | 7365 W. BUCKSKIN RD. | POCATELLO | ID | USA | 83201 | |
| 5. Organized Under the Laws of: ID C 95995 | | 6. Annual Report must be signed.* Signature: Sandra Rice Name (type or print): Sandra Rice | | Date: 06/19/2012 Title: Secretary | | | |
| Processed 06/19/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |