

| No. C 119231 | Due no later than April 30, 2008 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-------|-------------|------|------------------------|------|-------|-----|-----------|---------------|----------------|------|----|-------|---------|------------------|-------------|---------|----|-------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable | | VALERIE J WILLIAMS 309 SAGE RD KETCHUM, ID 83340 | | | | | | | | | | | | | | | | | | | |
| | ADVANCED HYGIENE CONCEPTS, INC. VALERIE J WILLIAMS PO BOX 5689 KETCHUM, ID 83340 | | 3. New Registered Agent Signature | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>LINDA O'HANLY</td> <td>541 WEBSTER DR</td> <td>NAPA</td> <td>CA</td> <td>94558</td> </tr> <tr> <td>V. PRES</td> <td>VALERIE WILLIAMS</td> <td>PO BOX 5689</td> <td>KETCHUM</td> <td>ID</td> <td>83340</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | PRESIDENT | LINDA O'HANLY | 541 WEBSTER DR | NAPA | CA | 94558 | V. PRES | VALERIE WILLIAMS | PO BOX 5689 | KETCHUM | ID | 83340 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | |
| PRESIDENT | LINDA O'HANLY | 541 WEBSTER DR | NAPA | CA | 94558 | | | | | | | | | | | | | | | | | |
| V. PRES | VALERIE WILLIAMS | PO BOX 5689 | KETCHUM | ID | 83340 | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 119231 | | 6. Signature <u><i>[Signature]</i></u> Date <u>2-18-08</u> Name (Typed or Printed) <u>ALLEN WILLIAMS</u> Title <u>CFO</u> | | | | | | | | | | | | | | | | | | | | |

Issued 02/01/2008

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