

| No. C 108186 | Due no later than November 30, 2005 Annual Report Form | | 2. Registered Agent and Office NO PO BOX JON WAKELAM 2421 PORT ST NAMPA, ID 83651 | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|---|-------------|-------|------------------------|------|-------|-----|-----------|-------------|---------------------|-------|----|-------|-----------|----------------|---------------------|-------|-----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable QUALITREE, INC. JON WAKELAM 2421 PORT ST NAMPA, ID 83687 | | 3. New Registered Agent Signature | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jon Wakelam</td> <td>4337 E. Thomas mill</td> <td>Nampa</td> <td>Id</td> <td>83687</td> </tr> <tr> <td>Secretary</td> <td>Sandra Wakelam</td> <td>4337 E. Thomas mill</td> <td>Nampa</td> <td>Id.</td> <td>83687</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | President | Jon Wakelam | 4337 E. Thomas mill | Nampa | Id | 83687 | Secretary | Sandra Wakelam | 4337 E. Thomas mill | Nampa | Id. | 83687 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | |
| President | Jon Wakelam | 4337 E. Thomas mill | Nampa | Id | 83687 | | | | | | | | | | | | | | | | |
| Secretary | Sandra Wakelam | 4337 E. Thomas mill | Nampa | Id. | 83687 | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 108186 | 6. Signature <u>Casey M. Myers</u> Date <u>10/29/05</u> Name (Typed or Printed) <u>Casey M. Myers</u> Title <u>office manager</u> | | | | | | | | | | | | | | | | | | | | |

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