| No. C 103323 Return to: | | Due no later than Sep 30, 2009 Annual Report Form | | | Registered Agent and Address (NO PO BOX) MIKE LANGERSMITH | | | |
|---|--------------------------------------|---|-------------------------------------|--------------------------------|---|------------|---------------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CML SPECIALTIES, INC. PEGGY POLUMSKY 2100 NW BLVD STE 110 | | 2100 NORTHWI COEUR D'ALENE | 2100 NORTHWEST BLVD STE 110 COEUR D'ALENE ID 83814 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | COEUR D'ALENE ID 83814-5047 USA | | | | | | |
| 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 PRESIDENT | TONYA M DAVIS MICHAEL LANGERSMITH | | 2100 NW BLVD STE 110 PO BOX 3588 | COEUR D'ALENE COEUR D'ALENE | ID ID | USA USA | 83814-5047 83816 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| UT С 103323 | | Signature: Mike Lar | | Date: 07/17/2009 | | | | |
| | | Name (type or print): Mike Langersmith | | | Title: President | | | |
| Processed 07/17/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |