| No. C 159879 | | Due no later than Apr 30, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|---|--|---|-----------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | CHAD A PITCHER | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. OLIVE BRANCH CERTIFIED FABRICATION, INC. CHAD A PITCHER 201 LAUREL LANE CHUBBUCK ID 83202 | | 941 NIXON POCATELLO ID 83201 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Na | ames and Busin | ess Addresses o | f President, Secretary, and Directors. Tre | easurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT CHAD A PITO | | ГСНЕR | 941 NIXON RD. | | POCATELLO | ID | USA | 83201 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Lonetta Pitcher | | Date: 05/11/2009 | | | | |
| C 159879 | | Name (type or print): Lonetta Pitcher | | | Title: Vice President | | | |
| Processed 05/11/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |