

No. C 80018	Due no later than 12/31/2008 Annual Report Form		2. Registered Agent and Address (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 needed. BIO-CHEM LAB, INC. ERIC ANDERSON 5850 INDIAN WELLS CIRCLE IDAHO FALLS ID 83401		JEANNE C ANDERSON KIRK 5163 REMEMBER DR IDAHO FALLS ID 83406 3. <u>New</u> 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 PO Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Jeanne C. Anderson Kirk</td> <td>5163 Remember Dr</td> <td>IF</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>Vice Pres</td> <td>Eric Anderson</td> <td>5850 Indian Wells Circle</td> <td></td> <td></td> <td>83401</td> </tr> <tr> <td>Secy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Zip	Pres	Jeanne C. Anderson Kirk	5163 Remember Dr	IF	ID	83406	Vice Pres	Eric Anderson	5850 Indian Wells Circle			83401	Secy					
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5. Organized Under the Laws of: ID C 80018	6. Annual Report must be signed. Signature: <u>Jeanne C. Anderson Kirk</u> Date: <u>3.04.09</u> Name (type or print): <u>Jeanne C. Anderson Kirk</u> Title: <u>Pres. Director</u>																										