| No. C 74358 | | Due no later than Nov 30, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|---|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. STUKENHOLTZ LABORATORY, INC. BARBIE HOLT 2924 ADDISON AVE E. | | JOYCE STUKENHOLTZ 2924 ADDISON AVE E. TWIN FALLS ID 83303-0353 3. New Registered Agent Signature:* | | | |
| 4. Corporations: Enter Name | es and Busine | ess Addresses of Preside | nt, Secretary, and Directors. Treasurer | (optional). | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT JOYCE E. ST | | TUKENHOLTZ | 2924 ADDISON AVE E. P.O. BOX 353 | TWIN FALLS | ID | USA | 83301 |
| TREASURER BARBIE J. H | | OLT | 2924 ADDISON AVE E. P.O. BOX 353 | TWIN FALLS | ID | USA | 83301 |
| DIRECTOR PAUL D. STUKENHOLTZ | | | 2624 ADDISON AVE E. P.O. BOX 353 | TWIN FALLS | ID | USA | 83303 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Barbie Holt | | Date: 09/23/2013 | | | |
| C 74358 | | Name (type or print): Barbie Holt | | Title: Treasurer | | | |
| Processed 09/23/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | | |