No. C 167860		Due no later than Jul 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. ABSOLUTE PEST SOLUTIONS, INC. LAUREN B SMITH 626 MORNING SUN DR TWIN FALLS ID 83301		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				626 MORNING	LAUREN B SMITH 626 MORNING SUN DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Ente	r Names and Busin	ess Addresses of F	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	LAUREN B S	SMITH	626 MORNING SUN DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 167860		Signature: Lau		Date: 05/13/2010				
		Name (type or		Title: President				
Processed 05/13/2010	0	* Electronically provided signatures are accepted as original signatures.						