AMA-001 1001 A001 10		o later than Feb 28, 2014	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		TIMM TURNE	TIMM TURNBOUGH			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		1000 CONTROL OF THE PARTY OF TH	10269 N TARYNE HAYDEN ID 83835			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SENSKE PEST CONTROL, INC. DARCIE CASTLEBERRY 400 N QUAY ST		HAYDEN ID				
	KENNEWICK WA 99336		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT CHRISTOPHER SENSKE 400 NORTH QUAY STREET		KENNEWICK	WA	USA	99336		
Organized Under the Laws of: 6. Annual Report must be signed.*							
WA	Signature: Darcie		Date: 02/05/2014				
C 97664	Name (type or print): Darcie Castleberry			Title: Controller			
Processed 02/05/2014	* Electronically provided signatures are accepted as original signatures.						