

No. C 89044		Reinstatement Annual Report Form ADMIN DISSOLVED 07/07/2005		2. Registered Agent and Office (NOT A P.O. BOX) PAUL EDWARD BIANCHETTI 946 STRAWBERRY MC CALL ID 2663 E. 4269 N. TWIN FALLS, ID 83301			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MICROLAB SERVICES, INC. PAUL EDWARD BIANCHETTI BOX 1462 MC CALL ID 83638 2663 E. 4269 N. TWIN FALLS, ID. 83301		3. New Registered Agent Signature. <i>Paul E. Bianchetti</i>			
REINSTATEMENT FEE DUE: \$30.00							
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PAUL BIANCHETTI	2663 E. 4269 N. TWIN FALLS	ID	USA	83301		
SECRETARY	ALEXANDRA BIANCHETTI	2663 E. 4269 N. TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of: IDAHO C 89044		6. Signature: <u><i>Paul E. Bianchetti</i></u> Date: 11-3-10 Name (type or print): <u><i>PAUL E. BIANCHETTI</i></u> Title: PRES.					
Issued 11/01/2010 by SLD							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.