No. C 186293		Due no later than Feb 29, 2012		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			WAYNE WATERS 221 SUNNYSIDE RD SANDPOINT ID 83864			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PAINFREE-PERIOD, INC. WAYNE WATERS 221 SUNNYSIDE RD SANDPOINT ID 83864 USA						
				3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	r Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY WAYNE WATERS PRESIDENT RENEE WATERS			221 SUNNYSIDE ROAD 221 SUNNYSIDE ROAD	SAND POINT SAND POINT	ID ID	USA USA	83684 83864	
5. Organized Under t	he Laws of:	6. Annual Report	must be signed.*					
ID		Signature: Wayne Waters			Date: 02/15/2012			
C 186293		Name (type or		Title: Secretary				
Processed 02/15/2013	2	* Electronically pro	ovided signatures are accepted as original	al signatures.				