

|                                                                                                                                                        |               |                                                                                                                                                                               |             |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 108513</b>                                                                                                                                    |               | <b>Due no later than Dec 31, 2010</b>                                                                                                                                         |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MICRO TOOL, INC.<br>SHON L ROWEN<br>1280 KOHLER WAY<br>IDAHO FALLS ID 83401 |             | SHON L ROWEN<br>1280 KOHLER WAY<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                               |             | 3. <u>New</u> Registered Agent Signature:*              |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                                                                                                                               |             |                                                         |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                                                          | City        | State                                                   | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | SHON L ROWEN  | 1280 KOHLER WAY                                                                                                                                                               | IDAHO FALLS | ID                                                      | USA     | 83401       |  |
| TREASURER                                                                                                                                              | REBECCA ROWEN | 1280 KOHLER WAY                                                                                                                                                               | IDAHO FALLS | ID                                                      | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 108513</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Becky Rowen<br>Name (type or print): Becky Rowen<br>Date: 12/24/2010<br>Title: Treasurer/Secretary                            |             |                                                         |         |             |  |
| Processed 12/24/2010                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                     |             |                                                         |         |             |  |