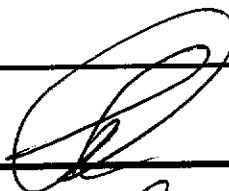
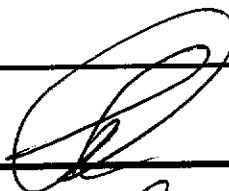
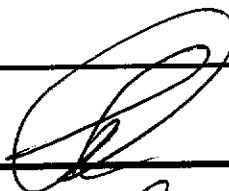


No. C 137865	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) CRAIG OWEN 355 OPAL CIRCLE IDAHO FALLS ID 83401																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BUDGET PEST CONTROL SPRAY SERVICES, INC. CRAIG OWEN 355 OPAL CIRCLE IDAHO FALLS ID 83401		3. New Registered Agent Signature.																					
	4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Pres</td><td>Craig Owen</td><td>555 opal cir</td><td>Idaho Falls</td><td>ID</td><td></td><td>83401</td></tr><tr><td>Sec</td><td>Sherry Owen</td><td>355 opal cir</td><td>Idaho Falls</td><td>ID</td><td></td><td>83401</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Craig Owen	555 opal cir	Idaho Falls	ID		83401	Sec	Sherry Owen	355 opal cir	Idaho Falls	ID	
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5. Organized Under the Laws of: IDAHO C 137865	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>11-10-10</td></tr><tr><td>Name (type or print):</td><td>Craig Owen</td><td>Title:</td><td>Pres</td></tr></table>					Signature:		Date:	11-10-10	Name (type or print):	Craig Owen	Title:	Pres											
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Issued 09/27/2010 by J.1																								