

No. C 80018	Due no later than 12/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		JEANNE C ANDERSON KIRK 5163 REMEMBER DR IDAHO FALLS ID 83406	
	BIO-CHEM LAB, INC. ERIC ANDERSON 5850 INDIAN WELLS CIRCLE IDAHO FALLS ID 83401 <i>Jeanne C. Kirk</i> <i>5163 Remember Dr</i> <i>Ammon ID 83406</i>			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
Office Held	Name	Street or PO Address	City	State Zip
<i>President</i> <i>Director</i> <i>Founder</i> <i>Name Inventor</i>	<i>Jeanne C. Anderson Kirk</i>	<i>5163 Remember Dr Ammon</i> <i>Idaho Falls</i>	<i>ID</i>	<i>83406</i>
<i>2nd Officer for Legal Purposes Only</i> <i>Director/Secy.</i>	<i>Son: Eric C. Anderson</i>	<i>5850 Indian Wells Circle</i> <i>Idaho Falls</i>	<i>ID</i>	<i>83401</i>
<i>Director Officer</i>	<i>husband, John R. Kirk</i>	<i>5163 Remember Dr</i>	<i>ID</i>	<i>83406</i>
5. Organized Under the Laws of:		6. Annual Report must be signed.		
ID C 80018		Signature: <i>Jeanne C. Anderson Kirk</i> Name (type or print): <i>Jeanne C. Anderson Kirk</i>	Date: <i>11-21-09</i> Title: <i>President</i>	