No. <b>C 94860</b>		Due i	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		KRAIG FRA	KRAIG FRANKS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SPRAY RITE OF IDAHO, INC.  KRAIG FRANKS  342 S. HWY 27  P.O. BOX1109		342 S. HWY 27 BURLEY ID 83318  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		BURLEY ID 83318						
4. Corporations: Enter Name	es and Busine	ess Addresses of Pre	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER N	ASURER NICOLE KIMALEE FRANKS		729 E. 18TH WAY 550 S. 50 W. 342 S. HWY 27 P.O. BOX 1109	BURLEY BURLEY BURLEY	ID ID ID	USA USA USA	83318 83318 83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kraig Franks			Date: 04/07/2013			
C 94860		Name (type or p		Title: President				
Processed 04/07/2013	ed 04/07/2013 * Electronically provided signatures are accepted as original signatures.							