

|                                                                                                                                                        |                      |                                                                                                                                                        |             |                                                                  |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 101051</b>                                                                                                                                    |                      | <b>Due no later than Feb 29, 2012</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>1. Mailing Address: Correct in this box if needed.</b><br><br>PIV-A-TECH, INC.<br>PAUL T CHRISTENSEN<br>6220 JARING CIRCLE<br>IDAHO FALLS ID 83401  |             | PAUL T CHRISTENSEN<br>6220 JARING CIRCLE<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                                                                                                                                              | PAUL T CHRISTENSEN   | 6220 JARING CIRCLE                                                                                                                                     | IDAHO FALLS | ID                                                               | USA     | 83401       |  |
| SECRETARY                                                                                                                                              | LYNNEA T CHRISTENSEN | 6220 JARING CIRCLE                                                                                                                                     | IDAHO FALLS | ID                                                               | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 101051</b>                                                                                          |                      | 6. Annual Report must be signed.*<br>Signature: Lynnea Christensen<br>Name (type or print): Lynnea Christensen<br>Date: 01/03/2012<br>Title: Secretary |             |                                                                  |         |             |  |
| Processed 01/03/2012                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                              |             |                                                                  |         |             |  |