No. C 172947		Designation of the second seco		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BRON A GAILEY 300 1ST AVE N STE C NAMPA ID 83687			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		COMPLETE SANITARY SOLUTIONS, INC. ABBIE J LOUGHNEY-DUFFY 300 1ST AVE N STE C		NAMPA ID				
		NAMPA ID 83687		3. <u>New</u> Regist	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ABBIE JO LO	OUGHNEY-DUFFY	300 1ST AVE N STE C	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Abbie		Date: 04/11/2009				
C 172947		Name (type or pri		Title: President				
Processed 04/11/2009	* Electronically provided signatures are accepted as original signatures.							