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|--|-----------------|---|-------------|---|---------|-------------|--|
| No. C 171430 | | Due no later than Feb 29, 2008 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. AQUACARE SPECIALIST, INC. GARY NELSON 1351 JOHN ADAMS PKWY IDAHO FALLS ID 83401 | | GARY NELSON 1351 JOHN ADAMS PKWY 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 | |
| SECRETARY | LORI A NELSON | 1351 JOHN ADAMS PARKWAY | IDAHO FALLS | ID | USA | 83401 | |
| TREASURER | JENNIFER KNIGHT | 447 10TH STREET | IDAHO FALLS | ID | USA | 83401 | |
| PRESIDENT | GARY L NELSON | 1351 JOHN ADAMS PARKWAY | IDAHO FALLS | ID | USA | 83401 | |
| 5. Organized Under the Laws of: ID C 171430 | | 6. Annual Report must be signed.* Signature: Lori A. Nelson Name (type or print): Lori A. Nelson Date: 03/12/2008 Title: Vice President | | | | | |
| Processed 03/12/2008 | | * Electronically provided signatures are accepted as original signatures. | | | | | |