

<b>No. 73845</b>  Return To <b>Secretary of State          Room 203, Statehouse          Boise, ID 83720</b> RECEIVED SEC. OF STATE JUL 7 pm 3 09	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1987</i> 1. Mailing Address — Please Correct <b>073845</b> <b>H-CO, INC.          CODY HOWARD          281 NORTH 5TH WEST          REXBURG, IDAHO          83440</b>	2. Registered Agent and Office <b>CODY HOWARD          281 NORTH 5TH WEST          REXBURG, IDAHO          83440</b> 3. Incorporated Under The Laws of <b>STATE OF IDAHO</b>																				
4. Names and Addresses of Officers and Directors <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: Cody Howard</td> <td>281 N. 5th W.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Secretary: Sheri Howard</td> <td>281 N. 5th W.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: Cody Howard	281 N. 5th W.	Rexburg	ID	83440	Secretary: Sheri Howard	281 N. 5th W.	Rexburg	ID	83440	Directors:				
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5. Nature of Business <b>Carpet Cleaning Franchise Sales</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">           Signature <u>Cody Howard</u>  <small>(Typed or Printed)</small>            Name <u>Cody Howard</u> </div> <div style="text-align: center;">           Date <u>7-6-87</u>            Title <u>President</u> </div> </div>																					