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|---|----------------------|--|------------|--|---------|-------------|--|
| No. C 74358 | | Due no later than Nov 30, 2011 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. STUKENHOLTZ LABORATORY, INC. JOYCE STUKENHOLTZ 2924 ADDISON AVE E. P.O. BOX 353 TWIN FALLS ID 83303-0353 USA | | JOYCE STUKENHOLTZ 2924 ADDISON AVE E. TWIN FALLS ID 83303-0353 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | JOYCE E. STUKENHOLTZ | 2924 ADDISON AVE E. P.O. BOX 353 | TWIN FALLS | ID | USA | 83301 | |
| TREASURER | BARBIE J. HOLT | 2924 ADDISON AVE E. P.O. BOX 353 | TWIN FALLS | ID | USA | 83301 | |
| DIRECTOR | PAUL D. STUKENHOLTZ | 2624 ADDISON AVE E. P.O. BOX 353 | TWIN FALLS | ID | USA | 83303 | |
| 5. Organized Under the Laws of: ID C 74358 | | 6. Annual Report must be signed.* Signature: Barbieholt Name (type or print): Barbieholt | | | | | |
| | | Date: 09/16/2011 Title: Treasurer | | | | | |
| Processed 09/16/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | |