

No. C 181591	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) SHARLA O'KRAKEL 104 9TH AVE S STE B NAMPA ID 83651	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CT BIOLOGICAL WEED & BRUSH CONTROL, INC. 17895 FARGO RD WILDER ID 83676		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
<i>President Timothy Linguist 17895 Fargo Rd. Wilder Id 83676</i>				
5. Organized Under the Laws of:	6.			
IDAHO C 181591	Signature: <i>Tim L</i> Date: <i>19 April 10</i> Name (type or print): <i>Tim Linguist</i> Title: <i>President</i>			
Issued 04/14/2010 by SLD				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.