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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|---------------------|
| No. <b>C 78175</b>                                                                                                                                     |                   | Due no later than Mar 31, 2009                                                                                                                                                  |                | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SANITARY DISPOSAL, INC.<br>GARY W JONES<br>1304 IDAHO ST<br>LEWISTON ID 83501 |                | GARY W JONES<br>1304 IDAHO ST<br>LEWISTON ID 83501 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                 |                | 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 |
| DIRECTOR                                                                                                                                               | LARRY O LORENZ    | 11320 W MCFARLANE RD                                                                                                                                                            | AIRWAY HEIGHTS | WA                                                 | USA 99001           |
| DIRECTOR                                                                                                                                               | MARC B TORRE      | 11320 W MCFARLANE RD                                                                                                                                                            | AIRWAY HEIGHTS | WA                                                 | USA 99001           |
| SECRETARY                                                                                                                                              | ADRIENNE M CHOATE | 11320 W MCFARLANE RD                                                                                                                                                            | AIRWAY HEIGHTS | WA                                                 | USA 99001           |
| PRESIDENT                                                                                                                                              | MICHAEL L TORRE   | 11320 W MCFARLANE RD                                                                                                                                                            | AIRWAY HEIGHTS | WA                                                 | USA 99001           |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                               |                |                                                    |                     |
| <b>ID<br/>C 78175</b>                                                                                                                                  |                   | Signature: Adrienne Choate                                                                                                                                                      |                | Date: 01/15/2009                                   |                     |
|                                                                                                                                                        |                   | Name (type or print): Adrienne Choate                                                                                                                                           |                | Title: Corporate Secretary                         |                     |
| Processed 01/15/2009                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                       |                |                                                    |                     |