

No. W 43217

Due no later than September 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TYPE B LABORATORIES LLC
JACK WEEKES
PO BOX 1150
KETCHUM, ID 83340

JACK WEEKES
301 BELL DR #11
KETCHUM, ID 83340

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	JACK WEEKES	BOX 1150	KETCHUM	ID	83340

5. Organized Under the Laws of:

IDAHO
W 43217

6.

Signature

Jack Weekes

Date

07/17/07

Name

(Typed or
Printed)

JACK WEEKES / MANAGER

Title

MANAGER

Issued 07/02/2007

Do Not Tape or Staple

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