No. W 70376 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010 1. Mailing Address: Correct in this box if needed. NORTHWEST ANALYTICAL SERVICES LLC DAVID E KRIEDEMAN PO BOX 186 KELLOGG ID 83837	DAVID E 1020 MC KELLOG	Registered Agent and Office (NOT A P.O. BOX) DAVID E KRIEDEMAN 1020 MCKINLEY AVE KELLOGG ID 83837 3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companie Manager or Member Name	s: Enter Names and Addresses of Managers OR Members. Street or PO Address	See Instructions City	State	Country	Postal Code
Manager Member (circle one) David Kriedema	- A A Kila Lia	Kellogg.	ıd	Sheshone	<i>83837</i>
5. Organized Under the Laws of: IDAHO W 70376	6. Signature: Land Kralen			Date:	3:31-11
	Name (type or print): Navid Kriedeman			Title: ^	nember/operate
Issued 03/29/2011 by PEH					

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: Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company.**Note:** <u>Do not put "same as last year" or "same as above". These will not be accepted.</u>

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 limited liability company. Print or type the name of the signer below the signature.