

No. W 35230	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) BRAD DUNCAN 121 TWEEDY LN KOOSKIA ID 83539																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. D B LABORATORIES LLC BRAD DUNCAN PO BOX 207 STITES ID 83552		3. New Registered Agent Signature.																					
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Member</td><td>DAVID BENHARD</td><td>121 TWEEDY LN</td><td>KOOSKIA</td><td>ID</td><td>ID</td><td>83539</td></tr><tr><td>MANAGER</td><td>BRAD DUNCAN</td><td>PO BOX 207</td><td>STITES</td><td>ID</td><td>ID</td><td>83552</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	DAVID BENHARD	121 TWEEDY LN	KOOSKIA	ID	ID	83539	MANAGER	BRAD DUNCAN	PO BOX 207	STITES	ID	ID
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5. Organized Under the Laws of: IDAHO W 35230	6. <table border="1"><tr><td>Signature: <u>Brad Duncan</u></td><td>Date: <u>4/23/10</u></td></tr><tr><td>Name (type or print): <u>BRAD DUNCAN</u></td><td>Title: <u>REGISTERED AGENT</u></td></tr></table>			Signature: <u>Brad Duncan</u>	Date: <u>4/23/10</u>	Name (type or print): <u>BRAD DUNCAN</u>	Title: <u>REGISTERED AGENT</u>																	
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