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| No. W 1457 | | Due no later than Aug 31, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ACCURATE TESTING LABS, LLC JAMES MCMASTER 7950 MEADOWLARK WY STE H COEUR D'ALENE ID 83815 | | JAMES MCMASTER 7950 MEADOWLARK WAY COEUR D'ALENE ID 83815 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | JAMES B MCMASTER | 7950 MEADOWLARK WAY | | COEUR D'ALENE | ID | 83815 | |
| MANAGER | WALTER MUELLER | 7950 MEADOWLARK WAY | | COEUR D'ALENE | ID | 83815 | |
| 5. Organized Under the Laws of: ID W 1457 | | 6. Annual Report must be signed.* Signature: James McMaster Name (type or print): James McMaster | | | | | |
| | | Date: 07/10/2018 Title: Manager | | | | | |
| Processed 07/10/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |