No. <b>W 159719</b>		Due no later than Dec 31, 2017			2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  7BTHERAPEUTICS, LLC WILLIAM MIHIN 1207 MICHIGAN ST STE B SANDPOINT ID 83864			WILLIAM MIHIN 609 N LINCOLN AVE SANDPOINT ID 83864  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE			and the state of t						
Office Held	Name	ames and Addre	sses of at least one Member or Manager.  Street or PO Address		City	State	Country	Postal Code	
MANAGER	WILLIAM M	1IHIN	609 N LINCOLN AVE		SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:  ID  W 159719		6. Annual Report must be signed.* Signature: William Mihin Name (type or print): William Mihin			Date: 12/29/2017 Title: MANAGER				
Processed 12/29/2017									