No. W 100583		Due no later than Feb 28, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			STEVE THIESSEN 583 E SABLE RIDGE DR KUNA ID 83634 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SYRINGA LAB SUPPLIES LLC STEVE THIESSEN 583 E SABLE RIDGE DR KUNA ID 83634		KUNA ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER STEVE M THIESSE		HIESSEN	583 E SABLE RIDGE DR	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sto		Date: 01/02/2014				
W 100583		Name (type o		Title: President				
Processed 01/02/2014 * Electronically provided signatures are accepted as original signatures.								