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|---|------------------------|---|-------------|--|---------|-------------|--|
| No. W 9391 | | Due no later than Jul 31, 2009 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. EXPRESS LAB LLC WINSTON V. BEARD 2105 CORONADO IDAHO FALLS ID 83404 | | WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404 | | | |
| 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 | JOHN E LILJENQUIST MD | 3910 WASHINGTON PARKWAY, STE B | IDAHO FALLS | ID | USA | 83404 | |
| MANAGER | DAVID R LILJENQUIST MD | 3910 WASHINGTON PARKWAY, STE B | IDAHO FALLS | ID | USA | 83404 | |
| MANAGER | CARL D VANCE | 3910 WASHINGTON PARKWAY, STE B | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: ID W 9391 | | 6. Annual Report must be signed.* Signature: Winston V. Beard Name (type or print): Winston V. Beard | | | | | |
| | | Date: 05/19/2009 Title: Registered Agent | | | | | |
| Processed 05/19/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | |