

No. <b>W 9391</b>		<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  EXPRESS LAB LLC VON D. CROFTS 3910 WASHINGTON PARKWAY STE B IDAHO FALLS ID 83404		WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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:  <b>ID</b> <b>W 9391</b>		6. Annual Report must be signed.*  Signature: Lisa Walker Name (type or print): Lisa Walker					
		Date: 05/12/2014 Title: Business Office Manager					
Processed 05/12/2014 * Electronically provided signatures are accepted as original signatures.							