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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 11829</b>                                                                                                                                     |                        | <b>Due no later than Apr 30, 2013</b>                                                                                                                         |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                        | <b>Annual Report Form</b>                                                                                                                                     |          | KERRIE L SMITH<br>715 CANYON RD S<br>MELBA ID 83641 |         |             |  |
|                                                                                                                                                        |                        | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>JUNIPER BUTTE DRUG TESTING LLC<br>KERRIE L SMITH<br>715 CANYON RD S<br>MELBA ID 83641<br>USA |          | 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 |  |
| MEMBER                                                                                                                                                 | KERRIE L SMITH         | 715 CANYON RD S                                                                                                                                               | MELBA    | ID                                                  | USA     | 83641       |  |
| MEMBER                                                                                                                                                 | GINGER MEEKER RN PHD   | 16396 PRIDE LANE                                                                                                                                              | CALDWELL | ID                                                  | USA     | 83607       |  |
| MEMBER                                                                                                                                                 | RALPH SUTHERLIN DO MPH | 6126 S SETTLEMENT WAY                                                                                                                                         | BOISE    | ID                                                  | USA     | 83716       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 11829</b>                                                                                           |                        | 6. Annual Report must be signed.*<br>Signature: Kerrie Smith<br>Name (type or print): Kerrie Smith<br>Date: 03/04/2013<br>Title: Member                       |          |                                                     |         |             |  |
| Processed 03/04/2013                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                     |          |                                                     |         |             |  |