

|                                                                                                                                                        |                |                                                                                                                                                     |       |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 132027</b>                                                                                                                                    |                | <b>Due no later than Dec 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>ACCUMETH, LLC<br>JULIE Mazzuca<br>2994 E SABLE COURT<br>ATHOL ID 83801-9794<br>USA |       | JULIE A MAZZUCA<br>2994 E SABLE COURT<br>ATHOL ID 83801-9794 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                     |       | 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                                                                                                                                                 | JOSEPH MAZZUCA | 2994 E SABLE CT                                                                                                                                     | ATHOL | ID                                                           | USA     | 83801-9794  |  |
| MEMBER                                                                                                                                                 | JULIE MAZZUCA  | 2994 E SABLE CT                                                                                                                                     | ATHOL | ID                                                           | USA     | 83801-9794  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 132027</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Julie Mazzuca<br>Name (type or print): Julie Mazzuca<br>Date: 01/13/2018<br>Title: Member           |       |                                                              |         |             |  |
| Processed 01/13/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                              |         |             |  |