No. <b>W 96863</b>			Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		The American Control of the Control	TAMARA SIMON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SPECIALTY LABS, PLLC TAMARA SIMON 951 E PLAZA DRIVE STE 140 EAGLE ID 83616		EAGLE ID	951 E PLAZA DRIVE STE 170 EAGLE ID 83616  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA USA			grature.			
4. Limited Liability Compa	nies: Enter N	lames and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	TAMARA I	M SIMON	951 E PLAZA DR STE 170	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 96863		Signature: Angela Lenz			Date: 09/24/2014			
		Name (type	Name (type or print): Angela Lenz		Title: Bookkeeper			
Processed 09/24/2014 * Electronically provided signatures are accepted as original signatures.								