

No. W 104934	Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS M VASSEUR 409 COEUR D ALENE AVE COEUR D ALENE ID 83816																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LABS LAUGH, LLC (THE) BARBARA S CARVER 1904 BROWNING WAY SANDPOINT ID 83864-2315 USA		3. New Register / Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. (See Instructions.) <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>J. P. Carver</td> <td>1904 Browning Way</td> <td>Sandpoint,</td> <td>ID</td> <td>USA</td> <td>83864-2315</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Barbara S. Carver</td> <td>1094 Browning Sandpoint, ID</td> <td>Sandpoint,</td> <td>ID</td> <td>USA</td> <td>83864-2315</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	J. P. Carver	1904 Browning Way	Sandpoint,	ID	USA	83864-2315	Manager ☐ Member ☒	Barbara S. Carver	1094 Browning Sandpoint, ID	Sandpoint,	ID	USA	83864-2315	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 104934		6. Signature:  Name (type or print): Thomas M. Vasseur Date: 10-24-13 Title: Attorney Registered Agent																																				

Issued 10/24/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM