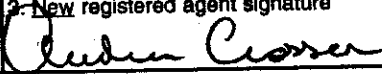
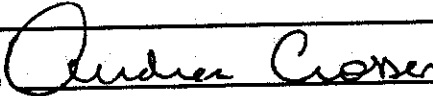


# REINSTATEMENT

FILED EFFECTIVE

<b>No. W 35967</b>	<b>Annual Report Form</b> <b>ADMIN DISSOLVED 04/10/2007</b>		<b>2. Registered Agent and Office NOT A P.O. BOX</b> <b>ANDREA CROSSEN</b> <b>210 N 2ND E</b> <b>MTN HOME, ID 83647</b>													
<b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  ACCURATE DRUG TESTING, LLC. <del>ANN WRIGHT</del> <b>ANDREA CROSSEN</b> 210 N 2ND E  MTN HOME, ID 83647		<b>3. New registered agent signature</b> 													
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Andrea Crossen</td> <td>210 N 2nd E</td> <td>MTN HOME</td> <td>IDAHO</td> <td>83647</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Andrea Crossen	210 N 2nd E	MTN HOME	IDAHO	83647
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Andrea Crossen	210 N 2nd E	MTN HOME	IDAHO	83647											
<b>5. Organized under the laws of:</b> IDAHO W 35967		<b>6. Signature</b>  <b>Date</b> 4/17/07 <b>Name (Typed or Printed)</b> <u>ANDREA CROSSEN</u> <b>Title</b> <u>Manager</u>														

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 2007 APR 19 AM 8:58

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