No. W 53713	Due no later than Aug 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: Annual		nual Report Form		ANGELA R MARSHALL		
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		111 S THIRD ST STE 30 SANDPOINT ID 83864			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	EAGLE DRUG AND ALCOHOL TESTING LLC DIANE M HOLMAN FARIA PO BOX 2457					
	SANDPOINT ID 83864		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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
MANAGER DIANE MAR	Y HOLMAN FARIA	PO BOX 2457	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:	6. Annual Report mus					
ID	ID Signature: Diane Holman Faria		Date: 07/05/2017			
W 53713	Name (type or print): Diane Holman Faria		Title: manager			
Processed 07/05/2017	* Electronically provided signatures are accepted as original signatures.					