

No. W 1724	Due no later than November 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		WAYNE R SORENSEN ONE GOVERNMENT GULCH KELLOGG, ID 83837 3. <u>New</u> Registered Agent Signature																		
	SILVER VALLEY LABORATORIES, L.C. PO BOX 929 KELLOGG, ID 83837																				
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>Wayne R. Sorensen</td> <td>P. O. Box 929</td> <td>Kellogg</td> <td>ID</td> <td>83837</td> </tr> <tr> <td></td> <td colspan="5">Family Limited Partnership</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Managing Member	Wayne R. Sorensen	P. O. Box 929	Kellogg	ID	83837		Family Limited Partnership				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
Managing Member	Wayne R. Sorensen	P. O. Box 929	Kellogg	ID	83837																
	Family Limited Partnership																				
5. Organized Under the Laws of: IDAHO W 1724	6. Signature <u>Wayne R. Sorensen</u> Date <u>9-16-08</u> Name <small>(Typed or Printed)</small> <u>Wayne R. Sorensen</u> Title <u>Registered Agent</u>																				