No. W 82517		Annual Report Form 1. Mailing Address: Correct in this box if needed. ACTOPROBE LLC ALEXANDER A UKHANOV 801 UNIVERSITY SE STE 100		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				STEVEN R WEEKS 1029 S MEAWDOW ST MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of a	at least one Member or Manager.				
700 80 1	lame		Street or PO Address	City	State	Country	Postal Code
MANAGER A	LEXANDER	A UKHANOV	6000 CORTADERIA ST, NE , #7202	ALBUQUERQUE	NM	USA	87111
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 82517		Signature: Alexand	Date: 03/05/2014				
		Name (type or print): Alexander A Ukhanov		Title: Managing Director			
Processed 03/05/2014 * Electronically provided signatures are accepted as original signatures.							