No. <b>W 115789</b>	Due no later than Jul 31, 2014	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	LANCE EACRET				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		2618 9TH AVE LEWISTON ID 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CLEARWATER MOBILE LABORATORY, LLC LANCE EACRET 2618 9TH AVE	LEWISTON	LEMPS LOW ID 82201			
	LEWISTON ID 83501	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 LANCE EACRET 2618 9TH AVE.		LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Lance Eacret	Date: 06/25/2014				
W 115789	Name (type or print): Lance Eacret Title			le: Owner		
Processed 06/25/2014	* Electronically provided signatures are accepted as original signatures.					