No. C 46974	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016	2. Registered Agent and Office **(NOT A P.O. BOX)** JOHN P TABERNA 209 W. HIGHWAY 95 209 W. US HIGHWAY 95 PARMA ID 83660
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT FEE** **DUE:** $30.00	1. **Mailing Address: Correct in this box if needed.** WESTERN LABORATORIES, INC. JOHN P TABERNA ~~P O BOX 1020~~ 211 Hwy 95 PARMA ID 83660	3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	John P Taberna	211 Hwy 95	Parma	ID	USA	83660

5. Organized Under the Laws of:	6.
IDAHO C 46974	Signature: John P. Taberna Date: 6/29/16 Name (type or print): JOHN P. TABERNA Title: Pres

Issued 06/30/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM