

No. W 115789		Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLEARWATER MOBILE LABORATORY, LLC LANCE E EACRET 1820 14TH AVE. LEWISTON ID 83501 USA		LANCE EACRET 1820 14TH AVE. LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LANCE EACRET	Street or PO Address 1820 14TH AVE.		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of: ID W 115789		6. Annual Report must be signed.* Signature: Lance Eacret Name (type or print): Lance Eacret Date: 07/10/2015 Title: Manager					
Processed 07/10/2015 * Electronically provided signatures are accepted as original signatures.							