No. **W 85198**	**Due no later than Jul 31, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BIOSOP, LLC JOHN STROBEL 2265 E SUNNYSIDE RD IDAHO FALLS ID 83404	JOHN STROBEL 615 CASTLEROCK LN IDAHO FALLS ID 83404 3. New Registered Agent Signature:*

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
MEMBER	JOHN J STROBEL	615 CASTLEROCK LANE	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 85198**	Signature: John Strobel	Date: 05/13/2014
	Name (type or print): John Strobel	Title: Memeber

Processed 05/13/2014

* Electronically provided signatures are accepted as original signatures.