No. <b>W 115789</b>		Due no later than Jul 31, 2016	2. Registered Agent and Address (NO PO BOX)  LANCE EACRET			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.	1820 14TH AVE. LEWISTON ID 83501			
		CLEARWATER MOBILE LABORATORY, LLC LANCE E EACRET 1820 14TH AVE.	3. New Registered Agent Signature:*			
		LEWISTON ID 83501				
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 N	lame	Street or PO Address	City	State	Country	Postal Code
MANAGER LANCE EACH		RET 1820 14TH AVE.	LEWISTON	ID	USA	83501
5. Organized Under the Laws	s of:	6. Annual Report must be signed.*				
ID		Signature: Lance Eacret	Date: 05/24/2016			
W 115789		Name (type or print): Lance Eacret	Title: Owner			
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.				