70 0 9312	,	Annual Repor	tForm 100	ර 2. Registered Ager	at and Office Nu	OT A D O DOV
Return to:		Due No Later Than N	lovember 30,	·		
SECRETARY OF STA	TE 1. Mailir	ig Address - Please Correct	, If Not Correct	720 MAR	PORATIO	N SYSTEM
700 WEST JEFFERSO		ANCED TECHNOL		300 NOR	тн бтн	STREET
PO BOX 83720 BOISE, ID 83720-0080		DEPARTMENT	OSI ERBORATO	BOISE	_	
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. Corporations: Enter	Names and Business	Addresses of President S	porotoms and Disease	US WA	C	93129
Limited Liability Co	mpanies: Enter Names	and Addresses of  Mar		s (check one)		
Office held	Name					
$a \cdot b + A \cdot a +$		Street or P.O.		City	State	Zip
resident Director		zzioo Bothell B	werell Highway	Bothell	WA	98021
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11	J					
Signature of New	Registered Agent	6.				
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		Signature	may we	Date _	///	<u> </u>
		Name (Typed or Printed)	PRACY C. DAY		Asst. Tre	
ISSUED: (	7-03-1998	Printed)		little _	14221 - ( LE	ustive i
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