No. W 155970		Due no later than Sep 30, 2017		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BEAR TOOTH LABORATORY, LLC JASON D COOMBS 1125 E PINE AVE #B		1125 E I	JASON D COOMBS 1125 E PINE AVE MERIDIAN ID 83642-8364 3. New Registered Agent Signature:*			
				3. <u>New</u> Re				
NO FILING FEE IF RECEIVED BY DUE DATE		MERIDIAN ID 83642						
4. Limited Liability Comp.	anies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JASON D COOMBS		OOMBS	1125 E PINE AVE	MERIDIAN	l ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jason Coombs			Date: 07/21/2017			
W 155970		Name (type or p		Title: CEO				
Processed 07/21/2017 * Electronically provided signatures are accepted as original signatures.								