No. <b>C 171638</b>	D	Due no later than Feb 28, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  UNITED DRUG TESTING LABORATORY, INC. ROBERT SCHATZ 1010 N ORCHARD ST BOISE ID 83706 USA		2. Registered Agent and Address (NO PO BOX)  KEVIN ROSE 1010 N ORCHARD ST BOISE 83706  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	UNITED DRUG ROBERT SCH 1010 N ORCH BOISE ID 8						
4. Corporations: Enter Names and B	usiness Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY GARY BAKER		1108 GLEN SHANTON RD	MATTAEWS	NC	USA	28705	
TREASURER GARY BAKER		1010 N ORCHARD ST	BOISE	ID	USA	83770	
DIRECTOR KEVIN ROSE		1010 N ORCHARD ST	BOISE	ID	USA	83706	
PRESIDENT MARYLIN	I SULLIVAN	8722 BRYANT FARMS RD	CHARLOTTE	NC	USA	28277	
5. Organized Under the Laws of: 6. Annual Rep		rt must be signed.*					
<b>ID</b> Sign		Signature: Robert L. Schatz		Date: 12/16/2014			
C 171638	Name (type	Name (type or print): Robert L. Schatz			Title: Manager		
Processed 12/16/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					