No. W 134926		Due no later than Feb 28, 2015		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KEITH D MILLER 807 MABELLE ST MOSCOW 83843 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AFFINOGEN BIOSCIENCE, LLC. COLETTE DEPHELPS 807 MABELLE ST MOSCOW ID 83843		MOSCOW				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER COLETTE DEPI		EPHELPS	807 MABELLE ST.	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Colette DePhelps		Date	Date: 02/11/2015			
W 134926		Name (type o	r print): Colette DePhelps	Title	Title: Financial Manager			
Processed 02/11/2015		* Electronically p	rovided signatures are accepted as origin	al signatures.				