(Domestic Stock a FEES (I If this is a	ate of California Secretary of State tement of Information nd Agricultural Cooperative Corpor Filing and Disclosure): \$25.00. an amendment, see instructions. TRUCTIONS BEFORE COMPLETIN	,	F2176 FILE In the office of the Sto of the State of OCT-29	ED ecretary of State California		
2. CALIFORNIA CORPORATE NU	MBER C2794245		This Space for Filir	a Use Only		
No Change Statement (Not an		Deve datases - Cas in		ig Use Only		
No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.) 3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety. If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.						
4. STREET ADDRESS OF PRINCIPAL	ollowing (Do not abbreviate the name of the					
		CITY	STATE	ZIP CODE		
		CITY	STATE	ZIP CODE		
6. MAILING ADDRESS OF CORPORA	TION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE		
Names and Complete Address officer may be added; however, the 7. CHIEF EXECUTIVE OFFICER/ 8. SECRETARY	ses of the Following Officers (The co preprinted titles on this form must not be alter ADDRESS ADDRESS	rporation must list these red.) CITY CITY	e three officers. A comparable STATE STATE	2 title for the specific ZIP CODE ZIP CODE		
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE		
Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)						
10. NAME	ADDRESS	CITY	STATE	ZIP CODE		
11. NAME	ADDRESS	CITY	STATE	ZIP CODE		
12. NAME	ADDRESS	CITY	STATE	ZIP CODE		
13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:						
Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank. 14. NAME OF AGENT FOR SERVICE OF PROCESS						
15. STREET ADDRESS OF AGENT FO	R SERVICE OF PROCESS IN CALIFORNIA, IF AN	I INDIVIDUAL CITY	STATE	ZIP CODE		
Type of Business						
16. DESCRIBE THE TYPE OF BUSINES	SS OF THE CORPORATION					
CONTAINED HEREIN, INCLUDING 10/29/2014 TECK HING		/ICE PRESIDENT	laktle	iges		
NAME OF COMPANY OF COMPANY.	NAME OF PERSON COMPLETING FORM	TITLE	SIGNATU			
SI-200 (REV 01/2013)			APPROVED BY S	ECRETARY OF STATE		

State of California Secretary of State Statement of Information			E-U54556	
(Domestic Stock and Agricultural Cooperative Corporations) FEES (Filing and Disclosure): \$25.00. If this is an amendment, see instructions.			FILED	
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLE	TING THIS FORM	State of th	e State of California	
1. CORPORATE NAME ISOFLEX USA			- 08 2013	
P O BOX 29475 SAN FRANCISCO CA 94129				
2. CALIFORNIA CORPORATE NUMBER C2794245			For Filing Use Only	
No Change Statement (Not applicable if agent address of record is a P.	O. Box address. See instruction	ons.)		
 If there have been any changes to the information contained in the last State State, or no statement of information has been previously filed, this form n If there has been no change in any of the information contained in the last State check the box and proceed to Item 17. 	nust be completed in its entirety			
Complete Addresses for the Following (Do not abbreviate the name of	the city. Items 4 and 5 cannot	be P.O. Boxes.		
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE	
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE	
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE	
Names and Complete Addresses of the Following Officers (The corporation m be added; however, the preprinted titles on this form must not be altered.)		-		
	CITY	nparable title for t STATE STATE	he specific officer may ZIP CODE ZIP CODE	
be added; however, the preprinted titles on this form must not be altered.) 7. CHIEF EXECUTIVE OFFICER/ ADDRESS	CITY	STATE	ZIP CODE	
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DEBRA BOWEN, Secretary of State Dowe 19829 510 Date: OCL 7 8 5013



I hereby certify that the foregoing transcript of page (s) original record in the custody of the original record in the custody of the Officinia Secretary of State's office.

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State (Domestic Stock an FEES (F If this is an	ate of California ecretary of State ement of Information d Agricultural Cooperative Corpo iling and Disclosure): \$25.00. n amendment, see instructions. IRUCTIONS BEFORE COMPLETIN		FILED Secretary of State State of California		
2. CALIFORNIA CORPORATE NUN	BER		DEC 2 4 2012 This Space for Filing Use Only		
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No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.) 3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety. If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.					
4. STREET ADDRESS OF PRINCIPAL	llowing (Do not abbreviate the name of	the city. Items 4 and 5 car CITY	STATE ZIP CODE		
3535 Scott Street	EXECUTIVE OFFICE	San Francisc			
5. STREET ADDRESS OF PRINCIPAL 3535 Scott Street	BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY San Francisc	STATE ZIP CODE CA 94123		
6. MAILING ADDRESS OF CORPORAT P.O. Box 29475	ION, IF DIFFERENT THAN ITEM 4	CITY San Francisc	STATE ZIP CODE CA 94129		
Names and Complete Address officer may be added; however, the p	es of the Following Officers (The or reprinted titles on this form must not be alt	corporation must list these end.)	three officers. A comparable title for the specific		
7. CHIEF EXECUTIVE OFFICER/ Lori M. Matthews	ADDRESS P.O. Box 29475	CITY San Francis	SCO CA 94129		
8. SECRETARY	ADDRESS	CITY	STATE ZIP CODE		
Lori M. Matthews	P.O. Box 29475	San Francis			
9. CHIEF FINANCIAL OFFICER/ Teck Hing Teo	ADDRESS P.O. Box 29475	CITY San Francis	STATE ZIP CODE SCO CA 94129		
	es of All Directors, Including Direc		ficers (The corporation must have at least one		
10. NAME	ADDRESS	CITY	STATE ZIP CODE		
Lori M. Matthews	P.O. Box 29475	San Franci			
11. NAME Teck Hing Teo	ADDRESS P.O. Box 29475	CITY San Franci	ISCO STATE ZIP CODE		
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13. NUMBER OF VACANCIES ON THE	BOARD OF DIRECTORS, IF ANY:				
address, a P.O. Box address is not		pration, the agent must have	tem 15 must be completed with a California street we on file with the California Secretary of State a		
14. NAME OF AGENT FOR SERVICE O Teck Hing Teo	F PROCESS		~		
15. STREET ADDRESS OF AGENT FOR 3535 Scott Street	R SERVICE OF PROCESS IN CALIFORNIA, IF	AN INDIVIDUAL CITY San Franci	STATE ZIP CODE SCO CA 94123		
Type of Business					
16. DESCRIBE THE TYPE OF BUSINES Isotope Sales					
CONTAINED HEREIN, INCLUDING 12/20/12 Teck Hing Te	ANY ATTACHMENTS, IS TRUE AND CORREC	T. Vice President	HE CORPORTION CERTIFIES THE IN ORMATION		
	NAME OF PERSON COMPLETING FORM	TITLE			
SI-200 (REV 01/2012)			APPROVED BY SECRETARY OF STATE		

DEBRA BOWEN, Secretary of State chu Bowen ;ets0 b

WAY OT 2013

I hereby certify that the torgoing transcript of pege(s) is a full, true and compt cept of the original record in the custody of the control of gigie's office. California Secretary of Gigie's office.

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Sta	ate of California	S	
	ecretary of State		
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	ement of Information d Agricultural Cooperative Corpor	nations)	
	iling and Disclosure): \$25.00.	auonsy	
	amendment, see instructions.		FILED
1. CORPORATE NAME	RUCTIONS BEFORE COMPLETIN	G THIS FORM	Secretary of State
ISOFLEX USA			State of California
			DEC 2 4 2012
		а.	
2. CALIFORNIA CORPORATE NUM	REP.		
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	icable if agent address of record is a P.O is to the information contained in the I		
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of State, check the box an	ge in any of the information contained in t d proceed to Item 17.	he last Statement of Informati	on filed with the California Secretary
	llowing (Do not abbreviate the name of the		
4. STREET ADDRESS OF PRINCIPAL E 3535 Scott Street	EXECUTIVE OFFICE	CITY San Francisco	STATE ZIP CODE CA 94123
5. STREET ADDRESS OF PRINCIPAL	BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY San Francisco	STATE ZIP CODE CA 94123
	3535 Scott Street 6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4		STATE ZIP CODE
P.O. Box 29475		San Francisco	CA 94129
Names and Complete Address officer may be added; however, the pr	es of the Following Officers (The co reprinted titles on this form must not be alter	rporation must list these three red.)	officers. A comparable title for the specific
7. CHIEF EXECUTIVE OFFICER/ Lori M. Matthews	ADDRESS P.O. Box 29475	CITY San Francisco	STATE ZIP CODE CA 94129
8. SECRETARY	ADDRESS P.O. Box 29475	CITY San Francisco	STATE ZIP CODE CA 94129
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE ZIP CODE
Teck Hing Teo	P.O. Box 29475 es of All Directors, Including Direct	San Francisco	CA 94129
director. Attach additional pages, if n	ecessary.)		
10. NAME Lori M. Matthews	ADDRESS P.O. Box 29475	CITY San Francisco	STATE ZIP CODE CA 94129
11. NAME Teck Hing Teo	ADDRESS P.O. Box 29475	CITY San Francisco	STATE ZIP CODE CA 94129
Teck Hing Teo 12. NAME	ADDRESS	CITY	STATE ZIP CODE
13. NUMBER OF VACANCIES ON THE	BOARD OF DIRECTORS. IF ANY:		·····
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14. NAME OF AGENT FOR SERVICE OF Teck Hing Teo	PROCESS		·
	SERVICE OF PROCESS IN CALIFORNIA, IF A	N INDIVIDUAL CITY San Francisco	STATE ZIP CODE CA 94123
Type of Business			
16. DESCRIBE THE TYPE OF BUSINES Isotope Sales	S OF THE CORPORATION		
	IT OF INFORMATION TO THE CALIFORNIA S		DRPORATION CERTIFIES THE INFORMATION
12/20/12 Teck Hing Te	0	Vice President	Keckblingko
	NAME OF PERSON COMPLETING FORM	TITLE	
SI-200 (REV 01/2012)	and and a second se		APPROVED BY SECRETARY OF STATE

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DEBRA BOWEN, Secretary of State

BPELOZ LO NAM

I hereby certify that the toregoing transcript of <u>pede(s)</u> is a full, true and consist capy of the original record in the custody of the original record in the custody of the California Secretary of Sigle's office.



Date;