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| No. W 4627 | Due no later than Sep 30, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. INSTITUTE OF ARTHRITIS RESEARCH, LLC CRAIG D SCOVILLE 2220 EAST 25TH ST IDAHO FALLS ID 83404 | | CRAIG D SCOVILLE MD PHD 2220 EAST 25TH ST IDAHO FALLS ID 83404 | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | CRAIG D SCOVILLE | 2260 BELLERIVE DR. | IDAHO FALLS | ID | USA | 83404 |
| 5. Organized Under the Laws of: ID W 4627 | 6. Annual Report must be signed.* Signature: Craig D Scoville Name (type or print): Craig D Scoville | | Date: 09/24/2018 Title: Manager | | | |
| Processed 09/24/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |