| No. C 166570 | | Di | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|--|--|---|--|------------|----------------|--|
| Return to: | | Annual Report Form | | | BROCK MCCONNEHEY | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. NORTHWEST CLINICAL TRIALS, INC. BROCK MCCONNEHEY 7149 W EMERALD ST BOISE ID 83704 | | BOISE ID | 2017 N 14TH ST BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Nam | nes and Busin | ess Addresses of | President, Secretary, and Directors. Treas | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR KIRK WILTER DIRECTOR DIANE MCCC | | | 7149 W EMERALD 7149 W EMERALD | BOISE BOISE | ID ID | USA USA | 83704 83704 | |
| DIRECTOR | FOR BROCK MCCONN | | 7149 W EMERALD | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Repo | | | | | | |
| ID | | Signature: Br | | Date: 05/09/2008 | | | | |
| C 166570 | | Name (type o | | Title: Ceo | | | | |
| Processed 05/09/2008 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |