

No. C 166570		Due no later than Apr 30, 2014 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. NORTHWEST CLINICAL TRIALS, INC. BROCK MCCONNEHEY 888 N COLE RD BOISE ID 83704		BROCK MCCONNEHEY 888 N COLE RD BOISE ID 83704			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	CHERYL LUNDY	888 N COLE RD	BOISE	ID	USA	83704	
DIRECTOR	DIANE MCCONNEHEY	888 N COLE RD	BOISE	ID	USA	83704	
DIRECTOR	BROCK MCCONNEHEY	888 N COLE RD	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 166570		6. Annual Report must be signed.* Signature: Cheryl Lundy Name (type or print): Cheryl Lundy					
		Date: 03/03/2014 Title: Treasurer/bookkeeper					
Processed 03/03/2014 * Electronically provided signatures are accepted as original signatures.							