No. **W 4627**	**Due no later than Sep 30, 2014**	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**	**Annual Report Form** **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 USA	CRAIG D SCOVILLE MD PHD 2220 EAST 25TH ST IDAHO FALLS 83404 3. New 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:	6. Annual Report must be signed.*	
ID **W 4627**	Signature: Craig D Scoville	Date: 10/27/2014
	Name (type or print): Craig D Scoville	Title: Manager

Processed 10/27/2014

* Electronically provided signatures are accepted as original signatures.