

No. W 50490	Due no later than May 31, 2009 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.		MOLLY O'LEARY 515 N 27TH ST BOISE ID 83702			
	CARLA JENSEN, PH.D., P.L.L.C. CARLA JENSEN, PH.D 4948 KOOTENAI ST BOISE ID 83705 USA		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	CARLA JENSEN	4948 KOOTENAI ST	BOISE	ID	USA	83705
5. Organized Under the Laws of: ID W 50490		6. Annual Report must be signed.* Signature: Carla Jensen PhD Name (type or print): Carla Jensen PhD		Date: 03/19/2009 Title: Manager		
Processed 03/19/2009		* Electronically provided signatures are accepted as original signatures.				