No. W 32242		Due no later than Jul 31, 2014		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JACKIE ATKINSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NAUTICAL CLINICAL RESEARCH, LLC JACKIE ATKINSON 129 E. PINE AVENUE MERIDIAN ID 83642			129 E. PINE AVENUE MERIDIAN ID 83642 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MANAGER JACKIE ATKI		INSON	129 E PINE AVENUE	M	IERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jackie Atkinson			Date: 05/12/2014			
W 32242		Name (type or print): Jackie Atkinson			Title: Owner			
Processed 05/12/2014 * Electronically provided signatures are accepted as original signatures.								