

No. W 33792

Due no later than October 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CLINICALLY SPEAKING, LLC
PO BOX 1625
HAILEY, ID 83333

TINA O'DONNELL
111 PINWOOD LN # 6
KETCHUM, ID 83340

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Dwore	Tina O'Donnell	Box 1625	Hailey	ID	83333

5. Organized Under the Laws of:
IDAHO
W 33792

6.

Signature

Tina O'Donnell

Date

8-13-07

Name (Typed or Printed)

Tina O'Donnell

Title

Dwore