No. <b>W 97505</b>		Due no later than Oct 31, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JILL HEINZ	JILL HEINZ FITZER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TREASURE VALLEY CLINICAL RESEARCH, LLC  JILL L HEINZ FITZER  6418 W WINTERGARD ST  BOISE ID 83714		BOISE ID	6418 W WINTERGARD ST BOISE ID 83714  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Cor	mpanies: Enter Nai	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JILL L HEINZ FITZER		6418 W. WINTERGARD ST.	BOISE	ID	USA	83714		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jil		Date: 11/09/2011				
W 97505		Name (type o	or print): Jill Heinz Fitzer		Title: Manager			
Processed 11/09/2011 * Electronically provided signatures are accepted as original signatures.								