	Annual Report Form 1 Due No Later Than November 30,	996 2. Registered Agent ar	nd Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Please Correct, If Not Correct ADVANCED CLINICAL MICROSIC ADVANCED CLINICAL MICROSI 34 S 500 E STE 102	Nassem So Advanced Ch 1074 Noch BOISE	ID 83704	
NO FEE REQUIRED		3. Organized Under th	3. Organized Under the Laws of:	
** FINAL NOTICE **	SALT LAKE CITY UT 84102	uT	C101338	
 Corporations: Enter Names and Limited Liability Companies: Enter 	d Addresses of President, Secretary and Directors ter Names and Addresses of Managers or Me	embers (check one)	.,	
Prosedent Wen	may Huck 4111 S. 1420 W	<u>City</u> Solt late Ch	State Zip Ut 84/23	
Prosident West Sometary Ada Idah Manggar No.	a Huck " "	* * *	4 %	
Idaho Managar Nos	seem Sofia 2305 State	Bonie	In 83702	
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5. NATURE OF BUSINES	6. I certify that this Annual Report has knowledge true, correct and complete	been examined by me and	is to the best of my	
5. NATURE OF BUSINES CLINICAL RESEAR	C H Knowledge true, correct and complete	te. Date	0/16/96	
	Signature Signature Name (Typed or Nerner H	te. Date Mck Title	is to the best of my	