No. <b>W 26141</b>		Due no later than Sep 30, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TRIALSSOURCE LLC MICHAEL D THULEEN 6138 E GATEWAY CT BOISE ID 83716		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				6138 E GAT BOISE ID	MICHAEL D THULEEN 6138 E GATEWAY CT BOISE ID 83716  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
		nes and Address	ses of at least one Member or Manager.			_		
	Name		Street or PO Address	City	State	Country	Postal Code	
	MICHAEL D KIMBERLY D		6138 E GATEWAY CT 6138 E GATEWAY CT	BOISE BOISE	ID ID		83716 83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 26141		Signature: Michael D. Thuleen Date: 10/23/2017						
		Name (type	or print): Michael D. Thuleen		Title: Owner			
Processed 10/23/2017		* Electronically provided signatures are accepted as original signatures.						