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|--|--------------------|---|-------|--|---------|-------------|--|
| No. W 26527 | | Due no later than Oct 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ROBERT C. ENGLE, PH.D., P.L.L.C. ROBERT C ENGLE, PH.D. 380 E PARKCENTER BLVD SUITE 210 BOISE ID 83706-3964 USA | | ROBERT C ENGLE PHD 380 E. PARKCENTER BLVD SUITE 210 BOISE ID 83706-3964 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | ROBERT C ENGLE PHD | 380 E. PARKCENTER BLVD SUITE 210 | BOISE | ID | USA | 83706-3964 | |
| 5. Organized Under the Laws of: ID W 26527 | | 6. Annual Report must be signed.* Signature: Robert C. Engle Name (type or print): Robert C. Engle Date: 08/25/2009 Title: Ph.D.,Sr. Member | | | | | |
| Processed 08/25/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |