No. <b>W 67405</b>		Due no later than Oct 31, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DAVID BUTUK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  SOLARIS CLINICAL RESEARCH, LLC DAVID J BUTUK, MD  1525 E LEIGH FIELD DR #150		000000 -000000000000000 00000 0000	2102 E HANDEL CT			
				MERIDIAN II	MERIDIAN ID 83646			
		MERIDIAN ID 83646		3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Limited Liability Co	mpanies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DAVID J BUTUK MEMBER YVETTE C BUTUK			1525 E LEIGH FIELD DR #150 1525 E LEIGH FIELD DR #150	MERIDIAN MERIDIAN	ID ID	USA USA	83646 83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 67405		Signature: Yvette Butuk			Date: 08/17/2010			
		Name (type	or print): Yvette Butuk		Title: Member			
Processed 08/17/2010		* Electronically provided signatures are accepted as original signatures.						