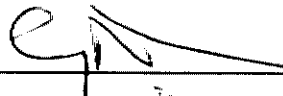


No. W 4627	Annual Report Form 1998 Due No Later Than November 30.		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not ☐ ect INSTITUTE OF ARTHRITIS RESEA CRAIG D SCOVILLE PO BOX 1328 IDAHO FALLS ID 83403		CRAIG D SCOVILLE 3200 CHANNING WY 2860 Channing Way Suite 202 IDAHO FALLS ID 83404
			3. Organized Under the Laws of: ID W 4627

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Presiding Officer	CRAIG D. Scoville	P.O. Box 1328	IDAHO FALLS	ID	83403

5. Signature of New Registered Agent	6.	
	Signature  Name (Typed or Printed) CRAIG D. Scoville	Date 11/27/98 Title Presiding Officer

ISSUED: 10-03-1998

DO NOT TAPE OR STAPLE

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