

No. **W 9748**

Due no later than **September 30, 2005**

Annual Report Form

Return to:

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 applicable

MOUNTAIN WEST CLINICAL TRIALS, LLC
~~1166 N COLE RD STE D~~
~~BOISE, ID 83704~~
1032 S. Bridgeway Place
Suite 110
Eagle, ID 83616

2. Registered Agent and Office NO PO BOX

JOSEPH K LARAGAN
~~1166 N COLE RD STE D~~
~~BOISE, ID 83704~~
1032 S Bridgeway Place
Suite 110
Eagle, ID 83616

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager/Member	Gia Swope	1032 S. Bridgeway Pl #110	Eagle	ID	83616
Manager/Member	Joseph Laragan	1032 S. Bridgeway Pl #110	Eagle	ID	83616

5. Organized Under the Laws of:

IDAHO
W 9748

6.

Signature _____

Date

Aug 18, 2005

Name (Typed or Printed)

Gia Swope

Title

Managing Member

Issued 07/05/2005

Do Not Tape or Staple

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