No. L 6720		Due no later than Aug 31, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			STEPHEN H TELFORD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ELITE CLINICAL TRIALS LLLP BERTA MARTINEZ 400 CORAL AVE BLACKFOOT ID 83221		NAMPA ID	1303 12TH AVE S NAMPA ID 83651 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	PARTNER BERTA MARTINEZ		400 CORAL AVE	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
110		Signature: Berta Martinez Date: 07/05/2013						
L 6720		Name (type	or print): Berta Martinez		Title: Manager			
Processed 07/05/2013		* Electronically provided signatures are accepted as original signatures.						