

No. W 9748

**Due no later than September 30, 2003  
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

2. Registered Agent and Office **NO PO BOX**

**JOSEPH K LARAGAN**  
1166 N COLE RD STE D

BOISE, ID 83704

3. New Registered Agent Signature

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

Office held      Name

Street or P.O. Address

City

State

Zip

**Manager/Member**

Gia Swope 1166 N. Cole Rd., Suite D Boise ID 83704

**Manager/Member**

Joseph Laragan 1166 N. Cole Rd., Suite D Boise ID 83704

5. Organized Under the Laws of:

**IDAHO**  
W 9748

6.  
Signature

Name  
(Type or  
Printed)

**Joseph K. Laragan**

Date

**July 10, 2003**

Title

**Manager/Member**