

No. W 26303	Due no later than October 31, 2005		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		SELMA LUEDTKE													
	1. Mailing Address - Correct in this box, if applicable SONORA CLINICAL RESEARCH, LLC 3791 S MAZE PL BOISE, ID 83706		3791 S MAZE PL BOISE, ID 83706 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Selma Luedtke</td> <td>3791 S. Maze</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Selma Luedtke	3791 S. Maze	Boise	ID	83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Selma Luedtke	3791 S. Maze	Boise	ID	83706											
5. Organized Under the Laws of: IDAHO W 26303		6. Signature <u>Selma Luedtke</u> Date <u>08/22/05</u> Name <small>(Typed or Printed)</small> <u>Selma Luedtke</u> Title <u>Manager</u>														

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Do Not Tape or Staple

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