No. W 67405		Due no later than Oct 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CONTRACTOR NAME OF THE PARTY OF	DAVID BUTUK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		2102 E HANDEL CT MERIDIAN ID 83646 3. New Registered Agent Signature:*				
		SOLARIS CLINICAL RESEARCH, LLC DAVID J BUTUK, MD 1525 E LEIGH FIELD DR #100 MERIDIAN ID 83646						
NO FILING FEE IF RECEIVED BY DUE DATE		FIERDENIA ID 636	10	1.09.000		.g.,		
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID J BU		1525 E LEIGH FIELD DR #100	MERIDIAN	ID		83646	
MEMBER	YVETTE C E		1525 E LEIGH FIELD DR #100	MERIDIAN	ID		83646	
MEMBER		TUK, MD, PA DBA MILY MEDICINE	1525 E. LEIGH FIELD DR. #150	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 67405		Signature: Yvette Butuk		Date: 09/07/2017				
		Name (type or print): Yvette Butuk		Title: Member				
Processed 09/07/2017		* Electronically provide	ed signatures are accepted as original s	ignatures.				