No. **W 26141**	**Due no later than Sep 30, 2010** **Annual Report Form**	2. Registered Agent and Address **(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**	**1. Mailing Address: Correct in this box if needed.** TRIALSSOURCE LLC MICHAEL D THULEEN 6138 E GATEWAY CT BOISE ID 83716	MICHAEL D THULEEN 6138 E GATEWAY CT BOISE ID 83716 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	MICHAEL D THULEEN	6138 E GATEWAY CT	BOISE	ID	USA	83716
MANAGER	KIMBERLY D THULEEN	6138 E GATEWAY CT	BOISE	ID	USA	83716

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 26141**	Signature: Michael D. Thuleen	Date: 11/09/2010
	Name (type or print): Michael D. Thuleen	Title: Manager

Processed 11/09/2010

* Electronically provided signatures are accepted as original signatures.