No. <b>W 32242</b>		Due no later than Jul 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JACKIE ATK	JACKIE ATKINSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NAUTICAL CLINICAL RESEARCH, LLC  JACKIE ATKINSON  129 E. PINE AVENUE  MERIDIAN ID 83642		MERIDIAN II	129 E. PINE AVENUE MERIDIAN ID 83642-8364  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Con	npanies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JACKIE ATKINSON		INSON	129 E PINE AVE	MERIDIAN	ID		83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jackie Atkinson			Date: 05/19/2015			
W 32242		Name (type or		Title: Owner				
Processed 05/19/2015 * Electronically provided signatures are accepted as original signatures.								