

No. W 9748		Due no later than Sep 30, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MOUNTAIN WEST CLINICAL TRIALS, LLC JOSEPH K LARAGAN 1032 S BRIDGEWAY PL STE 110 EAGLE ID 83616		JOSEPH K LARAGAN 1032 S BRIDGEWAY PL STE 110 EAGLE ID 83616			
				3. <u>New</u> 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	JOSEPH K LARAGAN	1032 S BRIDGEWAY PL STE 110	EAGLE	ID	USA	83616	
MANAGER	GIA R SWOPE	1166 N COLE RD STE D	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 9748		6. Annual Report must be signed.* Signature: Stewart Winkle Name (type or print): Stewart Winkle Date: 07/19/2010 Title: Cpa					
Processed 07/19/2010		* Electronically provided signatures are accepted as original signatures.					