

No. C 74418		Due no later than Nov 30, 2017		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. FOOT & ANKLE MEDICAL CENTER OF NAMPA, P.A. ZACK ONG 203 12TH AVENUE RD STE A NAMPA ID 83686		TROY FOWLER DPM 203 12TH AVE RD STE A NAMPA ID 83686			
				3. <u>New</u> Registered Agent Signature: *			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TROY W FOWLER	203 12TH AVE RD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 74418		6. Annual Report must be signed.* Signature: Zack Ong Name (type or print): Zack Ong Date: 09/28/2017 Title: Administrator					
Processed 09/28/2017		* Electronically provided signatures are accepted as original signatures.					