

No. W 62758	Due no later than May 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable PODIATRY CARE CENTER OF ONTARIO, LL 1511 W BONNEVILLE CT NAMPA, ID 83686	CAMILLE E HARRIS 1511 W BONNEVILLE CT NAMPA, ID 83686 3. <u>New</u> Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE		

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CEO	Camille E Harris	1511 W Bonneville Ct	Nampa	ID	83686

5. Organized Under the Laws of: OREGON W 62758	6. Signature <u>Camille E Harris</u> Name <small>(Typed or Printed)</small> <u>Camille E Harris</u>	Date <u>3/12/09</u> Title <u>CEO</u>
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