

No. C 150598		Due no later than Aug 31, 2014		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. ARTHRITIS SPECIALTY CENTER, INC. ANANDA WALALIYADDA MD 1448 E CENTER STE E POCATELLO ID 83201		ANANDA WALALIYADDA MD 1448 E CENTER STE E POCATELLO ID 83201	
				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	ANANDA WALALIYADDA	9336 N KIMBERLY LANE	POCATELLO	ID	USA 83201
5. Organized Under the Laws of: ID C 150598		6. Annual Report must be signed.* Signature: Ananda Walaliyadda Name (type or print): Ananda Walaliyadda Date: 06/09/2014 Title: Owner			
Processed 06/09/2014		* Electronically provided signatures are accepted as original signatures.			