

No. C 151423

Due no later than October 31, 2008

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

ETO PODIATRY CLINIC, P.A.
J KEVIN WEST
702 W IDAHO ST STE 700
BOISE, ID 83702

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702 W IDAHO ST STE 700
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres/Dir	Stanley G. Eto, DPM	112 W. Logan St.,	Caldwell,	ID	83605
Secretary	Sharon K. Eto	112 W. Logan St.,	Caldwell,	ID	83605

5. Organized Under the Laws of:

IDAHO
C 151423

6.

Signature

J. Kevin West

Date

8/14/09

Name (Typed or Printed)

J. Kevin West

Title

Corporate
Counsel

Issued 08/06/2008

Do Not Tape or Staple

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