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|--|--|---|---|-------|---------|-------------|
| No. <b>C 131868</b>  | <b>Due no later than Jan 31, 2013</b><br><b>Annual Report Form</b>                                       |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b>  |   | BRAD CAPAWANA<br>619 S WASHINGTON #103<br>MOSCOW ID 83843 |       |         |             |
|  | PALOUSE FOOT & ANKLE CLINIC, P.S.<br>BRAD CAPAWANA<br>825 BISHOP BLVD STE 801<br>PULLMAN WA 99163<br>USA |   | 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  | BRAD CAPAWANA  | 825 SE BISHOP BLVD. #801  | PULLMAN   | WA    | USA     | 99163       |
| SECRETARY  | DEBBIE CAPAWANA  | 825 SE BISHOP BLVD. #801  | PULLMAN   | WA    | USA     | 99163       |
| 5. Organized Under the Laws of:<br><br><b>WA<br/>C 131868</b>  | 6. Annual Report must be signed.*<br>Signature: Brad Capawana<br>Name (type or print): Brad Capawana     |   | Date: 01/02/2013<br>Title: President                      |       |         |             |
| Processed 01/02/2013   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |