| No. C 141008 | | Due no later than Oct 31, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|--------------------------------|--|--|--|----------------------------|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FOOT SURGERY CENTER, P.C. BRUCE G TOLMAN PO BOX 1867 | | DR BRUCE G TOLMAN 1540 ELK CREEK DR IDAHO FALLS ID 83401 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | IDAHO FALLS ID 83403 ess Addresses of President, Secretary, and Directors. Treasurer (| | 3. New Registered Agent Signature:* | | | | |
| | Name | cos / tadi cosco oi | Street or PO Address | s. Treasurer | City | State | Country | Postal Code |
| | BRUCE G TOLMAN VICKI TOLMAN | | 782 S WOODRUFF AVE 782 S WOODRUFF AVE | | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83401 83401 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Bruce Tolman | | | Date: 11/07/2011 | | | |
| C 141008 | | Name (type or print): Bruce Tolman | | | Title: President | | | |
| Processed 11/07/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |