

No. <b>C 74418</b>		<b>Due no later than Nov 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  FOOT & ANKLE MEDICAL CENTER OF NAMPA, P.A. BEAU BURK 203 12TH AVENUE RD STE A NAMPA ID 83686 USA		RAYMOND G ROBINSON 1442 WEST BANNOCK BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
SECRETARY	BEAU BURK	203 12TH AVE ROAD	NAMPA	ID	USA	83686	
PRESIDENT	PHILLIP N BURK	203 12TH AVE RD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:  <b>ID</b> <b>C 74418</b>		6. Annual Report must be signed.*  Signature: Beau Burk Name (type or print): Beau Burk  Date: 10/06/2011 Title: Secretary					
Processed 10/06/2011 * Electronically provided signatures are accepted as original signatures.							