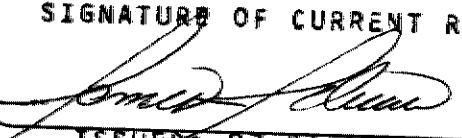



No. W 3779	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX JAMES J OWEN, DPM 185 E MALLARD DR #33 BOISE ID 83706
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct TREASURE VALLEY PODIATRY, P. JAMES J OWEN, DPM 185 E MALLARD DR #334 BOISE ID 83706		3. Organized Under the Laws of: ID W 3779
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
MEMBER MANAGER MEMBER	DANIEL S. TANIKAWA-OWEN JAMES J. OWEN	185 E. MALLARD #334 185 E. MALLARD #334	BOISE BOISE
			ID 83706 ID 83706
5. SIGNATURE OF CURRENT RA 		6. Signature  Date 7/11/97. Name (Typed or Printed) JAMES J. OWEN Title DPM.	

ISSUED: 07-04-1997

(DO NOT TAPE OR STAPLE)

2757