| No. <b>C 113748</b>   |                                     | Due no later than Feb 28, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TREASURE VALLEY ENDOCRINOLOGY, P.C. JULIE A FOOTE 900 N LIBERTY #201 BOISE ID 83704 |                  | 2. Registered Agent and Address (NO PO BOX)                                       |            |                |  |
|---|-------------------------------------|--|------------------|---|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | TREASURI<br>JULIE A F<br>900 N LIBE |  |                  | JULIE A FOOTE 3152 N 24TH WAY BOISE ID 83702  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE   | d Dusiness Addresses                | s of President, Secretary, and Directors. Trea   | surer (entional) |   |            |                |  |
| Office Held Name  |                                     | Street or PO Address   | City             | State   | Country    | Postal Code    |  |
| DIRECTOR JULIE  | A FOOTE<br>/ L. EVANS               | 3152 N 24TH WAY<br>3152 N 24TH WAY   | BOISE<br>BOISE   | ID<br>ID  | USA<br>USA | 83702<br>83702 |  |
| 5. Organized Under the Laws of:   | 6. Annual Re                        | 6. Annual Report must be signed.*  |                  |   |            |                |  |
| ID  | Signature                           | Signature: Julie A Foote MD  |                  | Date: 12/22/2013  |            |                |  |
| C 113748  | Name (typ                           | Name (type or print): Julie A Foote MD   |                  | Title: President And Owner  |            |                |  |
| Processed 12/22/2013  | * Electronical                      | * Electronically provided signatures are accepted as original signatures.  |                  |   |            |                |  |