

No. C 141008		Due no later than Oct 31, 2006 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO FOOT SURGERY CENTER, P.C. BRUCE G TOLMAN 782 S WOODRUFF AVE IDAHO FALLS ID 83401		DR BRUCE G TOLMAN 782 S WOODRUFF AVE IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				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	BRUCE G TOLMAN	782 S WOODRUFF AVE		IDAHO FALLS	ID	USA	83401
SECRETARY	VICKI TOLMAN	782 S WOODRUFF AVE		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: IDAHO C 141008		6. Annual Report must be signed.* Signature: Bruce Tolman Name (type or print): Bruce Tolman Date: 09/15/2006 Title: Pres					
Processed 09/15/2006		* Electronically provided signatures are accepted as original signatures.					