No. **W 2386**	**Due no later than May 31, 2018** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BOISE CENTER FOR FOOT SURGERY, P.L.L.C. SHANE P RICKS 1828 S MILLENNIUM WAY STE 100 MERIDIAN ID 83642	GARY J MILLWARD DPM 1828 S MILLENNIUM WAY STE 100 MERIDIAN ID 83642 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	GARY J MILLWARD, D.P.M.	1828 S MILLENNIUM WAY STE 100	MERIDIAN	ID		83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 2386**	Signature: shane ricks Name (type or print): shane ricks	Date: 03/22/2018 Title: administrator

Processed 03/22/2018

* Electronically provided signatures are accepted as original signatures.