

No. <b>C 177861</b>		<b>Due no later than Mar 31, 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>  SPECIALTY CLINICS OF IDAHO, P.A. CRYSTAL BAISCH 727 E RIVERPARK LANE STE 200 BOISE ID 83706 USA		DAVID A BLACKMER DPM 727 E RIVERPARK LN BOISE ID 83706			
<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	
PRESIDENT	JOHN A BOYAJIAN	727 E RIVERPARK LANE #200	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>ID</b> <b>C 177861</b>		6. Annual Report must be signed.*  Signature: Crystal Baisch Name (type or print): Crystal Baisch					
		Date: 01/13/2011 Title: Administrator					
Processed 01/13/2011      * Electronically provided signatures are accepted as original signatures.							