

No. W 110949		Due no later than Feb 28, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CHRISTENSEN FOOT & ANKLE CLINIC, LLC HUI MIN CHRISTENSEN 1777 E CLARK ST STE 220 POCATELLO ID 83201 USA		HUI MIN CHRISTENSEN 1777 E CLARK ST SUITE 220 POCATELLO ID 83201	
				3. <u>New</u> 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
MANAGER	HUI MIN CHRISTENSEN	1777 E CLARK	POCATELLO	ID	USA 83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 110949		Signature: Hui Min Christensen		Date: 01/22/2014	
		Name (type or print): Hui Min Christensen		Title: Office Manager	
Processed 01/22/2014		* Electronically provided signatures are accepted as original signatures.			