

No. W 62758

Due no later than May 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

CAMILLE E HARRIS
1511 W BONNEVILLE CT
NAMPA, ID 83686

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PODIATRY CARE CENTER OF ONTARIO, LL
1511 W BONNEVILLE CT
NAMPA, ID 83686

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CEO	Camille Harris	1511 W Bonneville Ct	Nampa	ID	83686

5. Organized Under the Laws of:

OREGON
W 62758

6.

Signature

Camille E Harris

Date

3/11/08

Name

(Typed or
Printed)

Camille E Harris

Title

CEO

Issued 03/03/2008

Do Not Tape or Staple

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