

No. <b>W 102687</b>	<b>Due no later than Apr 30, 2013</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> COEUR D'ALENE FOOT & ANKLE CLINIC LLC ORLANDO E NUNEZ 101 W IRONWOOD DR STE 131 COEUR D'ALENE ID 83814 USA		DR ORLANDO E NUNEZ 101 W IRONWOOD DR STE 131 COEUR D'ALENE ID 83814			
			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
MEMBER	ORLANDO E NUNEZ	101 W. IRONWOOD DR. STE. 131	COEUR D'ALENE	ID	USA	83814-1404
5. Organized Under the Laws of:  <b>ID</b> <b>W 102687</b>		6. Annual Report must be signed.* Signature: Orlando Nunez Name (type or print): Orlando Nunez Date: 03/19/2013 Title: Managing Member				
Processed 03/19/2013		* Electronically provided signatures are accepted as original signatures.				