

No. C 177861		Due no later than Mar 31, 2010		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. 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				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	DAVID A BLACKMER	727 E RIVERPARK LANE #200	BOISE	ID	USA	83706			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 177861		Signature: David A Blackmer				Date: 01/13/2010			
		Name (type or print): David A Blackmer				Title: President			
Processed 01/13/2010		* Electronically provided signatures are accepted as original signatures.							