

No. C 50074		Due no later than Sep 30, 2012		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. BOISE PODIATRY CLINIC, P.A. GARY J MILLWARD 520 S. EAGLE ROAD #1243 MERIDIAN ID 83642-6355 USA		SCOTT A GRAVIET 520 S. EAGLE ROAD 1243 MERIDIAN ID 83642-6355			
				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	
SECRETARY	SCOTT A GRAVIET	520 S. EAGLE ROAD 1243	MERIDIAN	ID	USA	83642-6355	
PRESIDENT	GARY J MILLWARD	520 S. EAGLE ROAD 1243	MERIDIAN	ID	USA	83642-6355	
5. Organized Under the Laws of: ID C 50074		6. Annual Report must be signed.* Signature: Gary Millward DPM Name (type or print): Gary Millward DPM Date: 10/09/2012 Title: President					
Processed 10/09/2012		* Electronically provided signatures are accepted as original signatures.					