

No. C 50074		Due no later than Sep 30, 2014 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. BOISE PODIATRY CLINIC, P.A. GARY J MILLWARD 5174 N. MAIDSTONE WAY BOISE ID 83713 USA		SCOTT A GRAVIET 3008 ISLAND DR NAMPA 83686			
						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	3008 ISLAND DR	NAMPA	ID	USA	83686	
PRESIDENT	GARY J MILLWARD	5174 N. MAIDSTONE WAY	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 50074		6. Annual Report must be signed.* Signature: Gary Millward Name (type or print): Gary Millward					
		Date: 10/14/2014 Title: President					
Processed 10/14/2014		* Electronically provided signatures are accepted as original signatures.					