

No. <b>C 50074</b>		<b>Due no later than Sep 30, 2014</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>  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:		6. Annual Report must be signed.*					
<b>ID C 50074</b>		Signature: Gary Millward				Date: 10/14/2014	
		Name (type or print): Gary Millward				Title: President	
Processed 10/14/2014		* Electronically provided signatures are accepted as original signatures.					