

No. C 150598

Due no later than August 31, 2008

Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ARTHRITIS SPECIALTY CENTER, INC.
ANANDA WALALIYADDA MD
1448 E CENTER STE E
POCATELLO, ID 83201

2. Registered Agent and Office NO PO BOX

ANANDA WALALIYADDA MD
1448 E CENTER STE E
POCATELLO, ID 83201

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	ANANDA Walaliyudda	1448 E Center St Suite E	Pocatello	ID	83201

5. Organized Under the Laws of:

IDAHO
C 150598

6.

Signature

Date 6-17-08

Name (Typed or Printed)

ANANDA Walaliyudda

Title OWNER

Issued 06/02/2008

Do Not Tape or Staple

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