

No. <b>C 131868</b>		<b>Due no later than Jan 31, 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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE FOOT & ANKLE CLINIC, P.S. BRAD CAPAWANA 825 BISHOP BLVD STE 801 PULLMAN WA 99163 USA		BRAD CAPAWANA 619 S WASHINGTON #103 MOSCOW ID 83843		
				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
VICE PRESIDENT	DEBBIE CAPAWANA	825 SE BISHOP BLVD.	PULLMAN	WA	USA	99163
DIRECTOR	DEBBIE CAPAWANA	825 SE BISHOP BLVD. #801	PULLMAN	WA	USA	99163
PRESIDENT	BRAD CAPAWANA	825 SE BISHOP BLVD. #801	PULLMAN	WA	USA	99163
SECRETARY	DEBBIE CAPAWANA	825 SE BISHOP BLVD. #801	PULLMAN	WA	USA	99163
5. Organized Under the Laws of:  <b>WA</b> <b>C 131868</b>		6. Annual Report must be signed.* Signature: Brad Capawana Name (type or print): Brad Capawana  Date: 01/14/2014 Title: President				
Processed 01/14/2014		* Electronically provided signatures are accepted as original signatures.				