

No. C 150598	Due no later than Aug 31, 2005 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. ARTHRITIS SPECIALTY CENTER, INC. ANANDA WALALIYADDA MD 1448 E CENTER STE E POCATELLO ID 83201 0000		ANANDA WALALIYADDA MD 1448 E CENTER STE E POCATELLO ID 83201 0000			
			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
PRESIDENT	ANANDA WALALIYADDA	41 CREIGHTON ST	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: IDAHO C 150598		6. Annual Report must be signed.* Signature: ALISON FULLMER Name (type or print): ALISON FULLMER		Date: 07/12/2005 Title: BOOKKEEPER		
Processed 07/12/2005		* Electronically provided signatures are accepted as original signatures.				