

No. C 141008	Due no later than Oct 31, 2012 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. IDAHO FOOT SURGERY CENTER, P.C. BRUCE G TOLMAN PO BOX 1867 IDAHO FALLS ID 83403	DR BRUCE G TOLMAN 1540 ELK CREEK DR IDAHO FALLS ID 83401	
		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	BRUCE G TOLMAN	1540 ELK CREEK DR	IDAHO FALLS ID USA 83401
SECRETARY	VICKI TOLMAN	1540 ELK CREEK DR	IDAHO FALLS ID USA 83401
5. Organized Under the Laws of: ID C 141008	6. Annual Report must be signed.* Signature: Bruce G Tolman Name (type or print): Bruce G Tolman		Date: 08/20/2012 Title: President
Processed 08/20/2012		* Electronically provided signatures are accepted as original signatures.	