

No. C 198986		Due no later than Jul 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPOKANE FOOT & ANKLE SURGERY CENTER, P.S. MICHELLE KOPRIVA 101 W IRONWOOD DRIVE STE 131 COEUR D ALENE ID 83814		STEPHEN A ISHAM 101 W IRONWOOD DRIVE STE 131 COEUR D ALENE ID 83814			
				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	MICHELLE KOPRIVA	101 W IRONWOOD DRIVE STE 131	COEUR D ALENE	ID	USA	83814	
SECRETARY	RITA KINNEY	101 W IRONWOOD DRIVE STE 131	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of: WA C 198986		6. Annual Report must be signed.* Signature: Michelle KOPRIVA Name (type or print): Michelle KOPRIVA					
Date: 05/15/2014 Title: President							
Processed 05/15/2014		* Electronically provided signatures are accepted as original signatures.					