

No. <b>W 84694</b>		<b>Due no later than Jun 30, 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> HAYDEN FAMILY FOOT AND ANKLE CLINIC, PLLC JOEL D HIX 8944 N HESS ST. SUITE A HAYDEN ID 83835 USA		JOEL HIX 8944 N HESS ST. SUITE A HAYDEN ID 83835	
				3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	JOEL HIX D HIX	4364 W LENNOX LOOP	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of:  <b>ID W 84694</b>		6. Annual Report must be signed.* Signature: Joel Hix Name (type or print): Joel Hix Date: 05/27/2014 Title: Owner			
Processed 05/27/2014		* Electronically provided signatures are accepted as original signatures.			