

No. 002105	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SECRETARY OF STATE 87 JUL 13 PM 2:35	Due No Later Than November 1, 1987		D.L. NEUMANN, DPM 1701 Lincoln Way 1025 IRONWOOD DRIVE Suite II COEUR D'ALENE, IDAHO 83814																					
	1. Mailing Address — Please Correct 082105																							
	NORTH IDAHO FOOT CLINIC, P.A. D.L. NEUMANN, DPM 1701 Lincoln Way 1025 IRONWOOD DRIVE Suite II COEUR D'ALENE, IDAHO 83814		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: David L. Neumann, DPM</td> <td>3610 Broken Arrow Road</td> <td>Coeur D'Alene, ID</td> <td>83814</td> <td></td> </tr> <tr> <td>Secretary: Rachel C. Neumann</td> <td>3610 Broken Arrow Road</td> <td>Coeur D'Alene, ID</td> <td>83814</td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> ENTERED JUL 20 1987					Name	Street or P.O. Address	City	State	Zip	President: David L. Neumann, DPM	3610 Broken Arrow Road	Coeur D'Alene, ID	83814		Secretary: Rachel C. Neumann	3610 Broken Arrow Road	Coeur D'Alene, ID	83814		Directors:				
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5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																							
Podiatry	<table border="1"> <tr> <td>Signature <u>David L. Neumann</u></td> <td>Date <u>7-9-87</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>David L. Neumann, DPM</u></td> <td>Title <u>President</u></td> </tr> </table>				Signature <u>David L. Neumann</u>	Date <u>7-9-87</u>	Name (Typed or Printed) <u>David L. Neumann, DPM</u>	Title <u>President</u>																
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