

No. **W 3779**

Due no later than March 31, 2005
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TREASURE VALLEY PODIATRY, P.L.L.C.
JAMES J OWEN, DPM
900 N LIBERTY STE 306
BOISE, ID 83704

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900 N LIBERTY STE 306
BOISE, ID 83704

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEM	JAMES J. OWEN	445 N QUARRY VIEW	BOISE	ID	83712
MEM	DANA S. OWEN	445 N QUARRY VIEW	BOISE	ID	83712

5. Organized Under the Laws of:

IDAHO
W 3779

6.

Signature

Date

1/11/05

Name (Typed or Printed)

DANA S. OWEN

Title

OWNER

Issued 01/03/2005

Do Not Tape or Staple

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