No. <b>C 153408</b>		Due no later than Mar 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RANDAL WRAALSTAD				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WRAALSTAD FOOT AND ANKLE CLINIC, P.A.  RANDAL LEE WRAALSTAD  660 WHITE PINE DRIVE  TWIN FALLS ID 83301			660 WHITE PINE DRIVE TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE RECEIVED BY DUE	DATE	ass Addresses of Pra	sident, Secretary, and Directors. Trea	ocuror (d	optional)			
Office Held	Name	ess Addresses of Fre	Street or PO Address	isui ei (c	City	State	Country	Postal Code
PRESIDENT	RANDAL LEE	WRAALSTAD	660 WHITE PINE DRIVE		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 153408		Signature: Randal Wraalstad			Date: 01/17/2016			
		Name (type or print): Randal Wraalstad			Title: President			
Processed 01/17/2016		* Electronically prov	ided signatures are accepted as origin	nal signa	tures.			