

No. C 50074	Due no later than Sep 30, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. BOISE PODIATRY CLINIC, P.A. GARY J MILLWARD 520 S. EAGLE ROAD MERIDIAN ID 83646-6351 USA		SCOTT A GRAVIET 520 S. EAGLE ROAD MERIDIAN ID 83646-6351			
			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
SECRETARY	SCOTT A GRAVIET	520 S. EAGLE ROAD	MERIDIAN	ID	USA	83646-6351
PRESIDENT	GARY J MILLWARD	520 S. EAGLE ROAD	MERIDIAN	ID	USA	83646-6351
5. Organized Under the Laws of: ID C 50074	6. Annual Report must be signed.* Signature: Christine Gravier Name (type or print): Christine Gravier		Date: 07/19/2011 Title: Administrator			
Processed 07/19/2011		* Electronically provided signatures are accepted as original signatures.				