| No. W 102687 | | Due no later than Apr 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------|---|------------------------------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | DR ORLANDO E NUNEZ | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. COEUR D'ALENE FOOT & ANKLE CLINIC LLC ORLANDO E NUNEZ 101 W IRONWOOD DR STE 131 COEUR D'ALENE ID 83814-1404 | | 101 W IRONWOOD DR STE 131 COEUR D'ALENE ID 83814-1404 3. New Registered Agent Signature:* | | | |
| | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held Na | ıme | | Street or PO Address | City | State | Country | Postal Code |
| MEMBER OR | RLANDO E | NUNEZ | 101 W. IRONWOOD DR. STE. 131 | COEUR D'ALENE | ID | USA | 83814-1404 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Orlando Nunez | | Date: 04/23/2018 | | | |
| W 102687 | | Name (type or print): Orlando Nunez | | Title: Sole Member | | | |
| Processed 04/23/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |