

No. C 150598

Due no later than August 31, 2007
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

ANANDA WALALIYADDA MD
1448 E CENTER STE E
POCATELLO, ID 83201

ARTHRITIS SPECIALTY CENTER, INC.
ANANDA WALALIYADDA MD
1448 E CENTER STE E
POCATELLO, ID 83201

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	Ananda Walaliyadda	1448 E Center St SUITE E	Pocatello	ID	83201

5. Organized Under the Laws of:
IDAHO
C 150598

6.

Signature

Date

6-13-07

Name

(Typed or Printed)

ANANDA WALALIYADDA

Title

OWNER