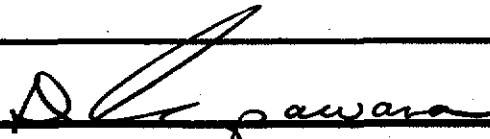
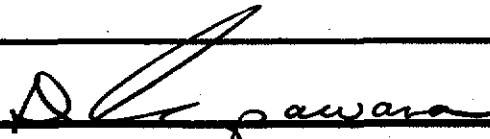
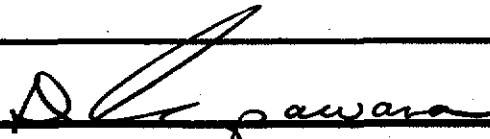


No. C 131868	Due no later than Jan 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BRAD CAPAWANA 619 S WASHINGTON #103 MOSCOW ID 83843					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1. Mailing Address: Correct in this box if needed. PALOUSE FOOT & ANKLE CLINIC, P.S. BRAD CAPAWANA 825 BISHOP BLVD STE 801 PULLMAN WA 99163				
3. New Registered Agent Signature.								
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.								
Office Held	Name	Street or PO Address	City State Country Postal Code					
President	Brad Capawana	825 Bishop Blvd #801 Pullman WA	US 99163					
Secretary	Debbie Capawana	825 Bishop Blvd #801 Pullman WA	US 99163					
5. Organized Under the Laws of:								
<table border="0"> <tr> <td data-bbox="152 861 479 997" rowspan="2">WASHINGTON C 131868</td> <td data-bbox="479 861 1250 913">6. Signature: </td> <td data-bbox="1250 861 1442 913">Date: 1-20-10</td> </tr> <tr> <td data-bbox="479 913 1250 997">Name (type or print): Debbie Capawana</td> <td data-bbox="1250 913 1442 997">Title: Secretary</td> </tr> </table>				WASHINGTON C 131868	6. Signature: 	Date: 1-20-10	Name (type or print): Debbie Capawana	Title: Secretary
WASHINGTON C 131868	6. Signature: 	Date: 1-20-10						
	Name (type or print): Debbie Capawana	Title: Secretary						
Issued 12/02/2009 by KAH		201001002381						

INSTRUCTIONS FOR THE TRAILER ANNUAL REPORT FORM