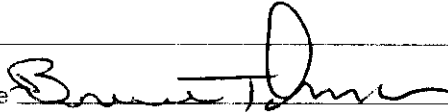


No. <b>C 141008</b>	<b>Due no later than Oct 31, 2004</b> <small>Annual Report Form</small>	2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  IDAHO FOOT SURGERY CENTER, P.C.  782 S WOODRUFF AVE  IDAHO FALLS, ID 83401	DR BRUCE G TOLMAN 782 S WOODRUFF AVE  IDAHO FALLS, ID 83401  3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">PRES</td> <td>Bruce Tolman</td> <td>384 SPRINGWOOD</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td style="text-align: center;">Sec.</td> <td>Vicki Tolman</td> <td>384 Springwood</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRES	Bruce Tolman	384 SPRINGWOOD	IDAHO FALLS	ID	83404	Sec.	Vicki Tolman	384 Springwood	IDAHO FALLS	ID	83404
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Sec.	Vicki Tolman	384 Springwood	IDAHO FALLS	ID	83404															
5. Organized Under the Laws of:  IDAHO C 141008	6. Signature  Date _____ Name (Typed or Printed) _____ Title _____																			