

No. <b>W 8772</b>		<b>Due no later than May 31, 2011</b>		2. Registered Agent and Address <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>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PODIATRY CENTER OF IDAHO, PLLC CHRISTINE GRAVIET 520 S. EAGLE ROAD, STE 1243 BOISE ID 83646 USA		CHRISTINE GRAVIET 520 S. EAGLE ROAD, STE 1243 BOISE ID 83646	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	CHRISTINE GRAVIET	520 S. EAGLE ROAD, STE 1243	BOISE	ID	USA 83646
5. Organized Under the Laws of:  <b>ID W 8772</b>		6. Annual Report must be signed.* Signature: Christine Graviet Name (type or print): Christine Graviet Date: 03/22/2011 Title: Administrator			
Processed 03/22/2011		* Electronically provided signatures are accepted as original signatures.			