

No. C 131868		Due no later than Jan 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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		BRAD CAPAWANA 619 S WASHINGTON #103 MOSCOW ID 83843			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRAD CAPAWANA	825 SE BISHOP BLVD. #801	PULLMAN	WA	USA	99163	
SECRETARY	DEBBIE CAPAWANA	825 SE BISHOP BLVD. #801	PULLMAN	WA	USA	99163	
5. Organized Under the Laws of: WA C 131868		6. Annual Report must be signed.* Signature: Brad Capawana Name (type or print): Brad Capawana Date: 01/24/2012 Title: President					
Processed 01/24/2012		* Electronically provided signatures are accepted as original signatures.					