

No. **W 8772**

**Due no later than May 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**

**PODIATRY CENTER OF IDAHO, PLLC**  
**CHRISTINE GRAVIET**  
**6051 N EAGLE**  
**BOISE, ID 83713**

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**6051 N EAGLE**  
**BOISE, ID 83713**

**NO FILING FEE IF**  
**RECEIVED BY DUE DATE**

**3. New Registered Agent Signature**

**4. Limited Liability Companies: Enter Names and Addresses of Managers.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	GARY MILLNARD	6051 N EAGLE RD	BOISE	ID	83713
SECT	SCOTT GRAVIET	" "	" "	" "	" "

**5. Organized Under the Laws of:**  
**IDAHO**  
**W 8772**

**6.**

**Signature**

*Christine Graviet*

**Date**

**3/8/07**

**Name**

(Typed or Printed)

*Christine Graviet*

**Title**

*Administrator*

**Issued 03/01/2007**

**Do Not Tape or Staple**

**200705005558**