

No. W 102687		Due no later than Apr 30, 2016 Annual Report Form		2. Registered Agent and Address (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 needed. COEUR D'ALENE FOOT & ANKLE CLINIC LLC ORLANDO E NUNEZ 101 W IRONWOOD DR STE 131 COEUR D'ALENE ID 83814-1404 USA		DR ORLANDO E NUNEZ 101 W IRONWOOD DR STE 131 COEUR D'ALENE ID 83814-1404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ORLANDO E NUNEZ	Street or PO Address 101 W. IRONWOOD DR. STE. 131		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814-1404
5. Organized Under the Laws of: ID W 102687		6. Annual Report must be signed.* Signature: Orlando Nunez Name (type or print): Orlando Nunez Date: 02/22/2016 Title: DPM, MD					
Processed 02/22/2016 * Electronically provided signatures are accepted as original signatures.							