

No. <b>W 102687</b>		<b>Due no later than Apr 30, 2016</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> 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	
				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
MEMBER	ORLANDO E NUNEZ	101 W. IRONWOOD DR. STE. 131	COEUR D'ALENE	ID	USA 83814-1404
5. Organized Under the Laws of:  <b>ID W 102687</b>		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.			