



STATE OF IDAHO  
 PETE T. CENARRUSA  
 SECRETARY OF STATE  
 700 WEST JEFFERSON  
 PO BOX 83720  
 BOISE, ID 83720-0080

First-Class  
 Permit No. 1  
 Boise, Idaho  
 Pre-Sorted

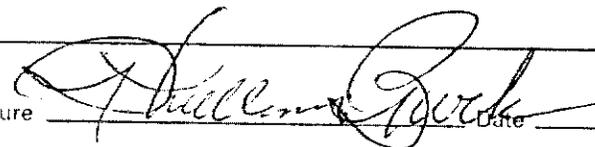
**IDAHO ANNUAL REPORT FORM**  
 PRESORTED FIRST - CLASS MAIL

Return Service Requested

C 74418  
 FOOT & ANKLE MEDICAL CENTER OF NAMPA, P.A.  
 203 12TH AVENUE ROAD  
 NAMPA ID 83686

AUTO 23525



No. C 74418	<b>Annual Report Form</b> 1993 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b> <b>* FIRST NOTICE *</b>	<b>Maining Address - Please Complete If Not Given</b> FOOT & ANKLE MEDICAL CENTER 203 12TH AVENUE ROAD NAMPA ID 83686		RAYMOND G. ROBINSON 1442 WEST RANNOCK BOISE ID 83704 3. Organized Under the Laws of: <b>C 74418</b> ID C 74418
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u> PRESIDENT	<u>Name</u> Phillip N. BURK	<u>Street or P.O. Address</u> 203 12th Ave. Rd	<u>City</u> Nampa <u>State</u> ID <u>Zip</u> 83686
5. Signature of New Registered Agent	6.  Signature _____ Date _____ Name (Typed or Printed) _____ Title _____		

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE  
 Fold, seal and mail this portion.

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