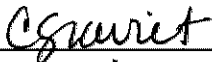


No. C 50074	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct, If Not Correct BOISE PODIATRY CLINIC, P.A. MARSHALL D OGDEN DPM 1408 W BANNOCK STREET 1412 BOISE ID 83702		COE J. PARKER 1408 W. BANNOCK STREET BOISE ID 83702 3. Organized Under the Laws of: ID C 50074

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRES	GARY MILLWARD	1412 W. BANNOCK	BOISE	ID	83702
SECT	SCOTT GRAVET	" " "	"	"	"

5. Signature of New Registered Agent 	6. Signature  Date <u>7/15/99</u> Name (Typed or Printed) <u>CHRISTINE GRAVET</u> Title <u>BOOKKEEPER</u>
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ISSUED: 07-03-1999

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