No. **W 102687**	**Due no later than Apr 30, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**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 USA	DR ORLANDO E NUNEZ 101 W IRONWOOD DR STE 131 COEUR D'ALENE ID 83814 3. New 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:	6. Annual Report must be signed.*	
ID **W 102687**	Signature: Orlando E. Nunez	Date: 02/12/2014
	Name (type or print): Orlando E. Nunez	Title: Sole Member

Processed 02/12/2014

* Electronically provided signatures are accepted as original signatures.