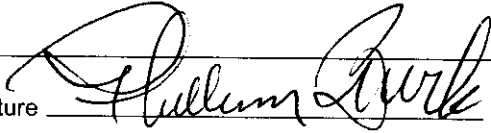
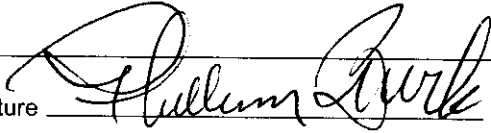
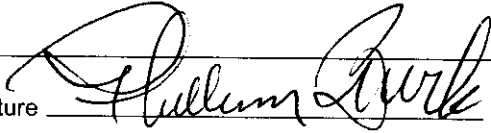


No. C 74418	Due no later than Nov 30, 2000		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		RAYMOND G ROBINSON																								
	1. Mailing Address - Correct in this box, if applicable FOOT & ANKLE MEDICAL CENTER OF NAMP 203 12TH AVENUE ROAD NAMPA, ID 83686		1442 WEST BANNOCK BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" data-bbox="336 407 1813 635"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Phillip N. Burk</td> <td>203 12th Ave. Rd.</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary:</td> <td>Beau Burk</td> <td>203 12th Ave. Rd.</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Directors:</td> <td>Phillip N. + Beau Burk</td> <td>203 12th Ave Rd.</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Phillip N. Burk	203 12 th Ave. Rd.	Nampa	ID	83686	Secretary:	Beau Burk	203 12 th Ave. Rd.	Nampa	ID	83686	Directors:	Phillip N. + Beau Burk	203 12 th Ave Rd.	Nampa	ID	83686
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5. Organized Under the Laws of: IDAHO C 74418	6. <table border="1" data-bbox="853 800 1813 923"> <tr> <td>Signature </td> <td>Date <u>1/13/00</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Phillip N. Burk</u></td> <td>Title: <u>President</u></td> </tr> </table>			Signature 	Date <u>1/13/00</u>	Name (Typed or Printed) <u>Phillip N. Burk</u>	Title: <u>President</u>																				
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