

No. W 2386		Due no later than May 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE CENTER FOR FOOT SURGERY, P.L.L.C. SHANE P RICKS 1828 S MILLENNIUM WAY STE 100 MERIDIAN ID 83642		GARY J MILLWARD DPM 1828 S MILLENNIUM WAY STE 100 MERIDIAN ID 83642	
				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	GARY J MILLWARD, D.P.M.	1828 S MILLENNIUM WAY STE 100	MERIDIAN	ID	83642
5. Organized Under the Laws of: ID W 2386		6. Annual Report must be signed.* Signature: Shane P Ricks Name (type or print): Shane P Ricks Date: 03/30/2016 Title: Administrator			
Processed 03/30/2016		* Electronically provided signatures are accepted as original signatures.			