

No. C 150598		Due no later than Aug 31, 2009		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. ARTHRITIS SPECIALTY CENTER, INC. ANANDA WALALIYADDA MD 1448 E CENTER STE E POCATELLO ID 83201		ANANDA WALALIYADDA MD 1448 E CENTER STE E POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ANANDA WALALIYADDA	9336 N KIMBERLY LANE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 150598		6. Annual Report must be signed.* Signature: Ananda Walaliyadda Name (type or print): Ananda Walaliyadda		Date: 06/16/2009 Title: President			
Processed 06/16/2009		* Electronically provided signatures are accepted as original signatures.					