

No. C 141008		Due no later than Oct 31, 2005		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. IDAHO FOOT SURGERY CENTER, P.C. BRUCE G TOLMAN 782 S WOODRUFF AVE IDAHO FALLS ID 83401 0000		DR BRUCE G TOLMAN 782 S WOODRUFF AVE IDAHO FALLS ID 83401 0000			
				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	BRUCE G TOLMAN	782 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
SECRETARY	VICKI TOLMAN	782 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: IDAHO C 141008		6. Annual Report must be signed.* Signature: BRUCE G TOLMAN Name (type or print): BRUCE G TOLMAN Date: 09/13/2005 Title: PRES					
Processed 09/13/2005		* Electronically provided signatures are accepted as original signatures.					