

NO. C 74418

## Annual Report Form

Due No Later Than November 30, 1997

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

FOOT & ANKLE MEDICAL CENTER  
203 12TH AVENUE ROAD

NAMPA

ID 83686

2. Registered Agent and Office NOT A P.O. BOX

RAYMOND G. ROBINSON  
1442 WEST BANNOCK

BOISE ID 83702

3. Organized Under the Laws of:

ID C 74418

\* FIRST NOTICE \*

4. Corporations: Enter Names and Business Addresses of
- President, Secretary and Directors**
- 
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers or
- ☐
- Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

PRESIDENT  
SECRETARYPHILLIP N. BURK  
BEAU P. BURK2000 COUNTY LINERD  
2000 COUNTY LINE RDEMMETT  
EMMETTID  
ID83617  
83617

5.

6.

Signature

Name

(Typed or  
Printed)

PHILLIP N. BURK

Date

8/8/97

Title

PRESIDENT

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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