

No. W 2386		Due no later than May 31, 2014 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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.	1400 W BANNOCK ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 2386		6. Annual Report must be signed.* Signature: Shane Ricks Name (type or print): Shane Ricks Date: 03/25/2014 Title: Administrator					
Processed 03/25/2014 * Electronically provided signatures are accepted as original signatures.							