

|                                                                                                                                                             |                                                                                                           |  |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| No. <b>C 73116</b>                                                                                                                                          | <b>Annual Report Form 1999</b><br>Due No Later Than November 30,                                          |  | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>               |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b> | 1. Mailing Address - Please Correct if Not Correct                                                        |  | <b>JEFFREY L. CHANDLER, DPM</b><br><b>222 NORTH 2ND ST., SUITE</b> |
|                                                                                                                                                             | <b>JEFFREY L. CHANDLER, D.P.M.,</b><br><b>JEFFREY L. CHANDLER, DPM</b><br><b>222 NORTH 2ND, SUITE 301</b> |  | <b>BOISE</b> <b>ID 83702</b>                                       |
|                                                                                                                                                             | <b>BOISE</b> <b>ID 83702</b>                                                                              |  | 3. Organized Under the Laws of:<br><br><b>ID</b> <b>C 73116</b>    |

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   |
|-------------|-------------------------|-------------------------|-------|-------|-------|
| Pres.       | Jeffrey L. Chandler Dpm | 222 North 2nd Suite 301 | Boise | Ida   | 83702 |
| Sec.        | Cynthia Chandler        | 222 North 2nd Suite 301 | Boise | Ida   | 83702 |

5. Signature of New Registered Agent

*Jeff Chandler*

6.

Signature *Jeffrey L. Chandler Dpm* Date *7-15-99*  
 Name (Typed or Printed) *Jeffrey L. Chandler* Title *Dpm*

ISSUED: 07-03-1999

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