| No. C 156803 | | Due no later than Oct 31, 2010 | | 2. Registered Age | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|--|--|-------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form 1. Mailing Address: Correct in this box if needed. INLAND NORTHWEST FOOT & ANKLE, P.C. BRYAN T THOMPSON DPM 1590 E POLSTON AVE STE A POST FALLS ID 83854 | | 4500 5 DOLGTG | BRYAN T THOMPSON 1590 E POLSTON AVE POST FALLS ID 83854 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | POST FALLS II | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| Corporations: Ente | r Names and Busin | ness Addresses of | President, Secretary, and Directors. Treas | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | BRYAN T T | HOMPSON | 2676 W LOIRE DRIVE | COEUR D ALENE | ID | USA | 83815 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Br | | Date: 08/10/2010 | | | | |
| C 156803 | | Name (type o | | Title: President | | | | |
| Processed 08/10/201 | 0 | * Electronically p | rovided signatures are accepted as origina | al signatures. | | | | |