

No. W 8772		Due no later than May 31, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PODIATRY CENTER OF IDAHO, PLLC CHRISTINE GRAVIET 6051 N EAGLE BOISE ID 83713		CHRISTINE GRAVIET 6051 N EAGLE BOISE ID 83713			
				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	
MANAGER	CHRISTINE GRAVIET	6051 N. EAGLE ROAD	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 8772		6. Annual Report must be signed.* Signature: Christine Gravier Name (type or print): Christine Gravier Date: 03/16/2010 Title: Administrator					
Processed 03/16/2010		* Electronically provided signatures are accepted as original signatures.					