

No. <b>C 140765</b>		<b>Due no later than Sep 30, 2011</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO ARTHRITIS & OSTEOPOROSIS CENTER, P.C. DARYL K MACCARTER, MD, FACR 520 S EAGLE RD STE 3211 MERIDIAN ID 83642		DARYL K MACCARTER MD FACP 520 S EAGLE RD STE 3211 MERIDIAN ID 83642			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	MIKAEL D LAGWINSKI	520 S. EAGLE RD SUITE 3211	MERIDIAN	ID	USA	83642	
PRESIDENT	DARYL K MACCARTER	520 S. EAGLE RD SUITE 3211	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:  <b>ID C 140765</b>		6. Annual Report must be signed.* Signature: Cindi Junier Name (type or print): Cindi Junier Date: 09/29/2011 Title: Office Manager					
Processed 09/29/2011		* Electronically provided signatures are accepted as original signatures.					