

No. C 74418		Due no later than Nov 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FOOT & ANKLE MEDICAL CENTER OF NAMPA, P.A. ZACK ONG 203 12TH AVENUE RD STE A NAMPA ID 83686 USA		RAYMOND G ROBINSON 1442 WEST BANNOCK BOISE ID 83702			
				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	SHILOWE MARTIN	22605 EEL LN	MIDDLETON	ID	USA	83644	
PRESIDENT	TREVER J MARTIN	22605 EEL LN	MIDDLETON	ID	USA	83644	
5. Organized Under the Laws of: ID C 74418		6. Annual Report must be signed.* Signature: Trever Martin Name (type or print): Trever Martin Date: 09/17/2015 Title: President					
Processed 09/17/2015		* Electronically provided signatures are accepted as original signatures.					