

No. W 8772	Due no later than May 31, 2003 Annual Report Form		2. Registered Agent and Office 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 applicable: PODIATRY CENTER OF IDAHO, PLLC CHRISTINE GRAVIET 6051 N EAGLE BOISE, ID 83713		CHRISTINE GRAVIET 6051 N EAGLE BOISE, ID 83713														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>SCOTT GRAVIET</td> <td rowspan="2">} 6051 N. EAGLE</td> <td rowspan="2">BOISE</td> <td rowspan="2">ID</td> <td rowspan="2">83713</td> </tr> <tr> <td>SECT</td> <td>GARY MILLWARD</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRES.	SCOTT GRAVIET	} 6051 N. EAGLE	BOISE	ID	83713	SECT	GARY MILLWARD	3. <u>New</u> Registered Agent Signature
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
PRES.	SCOTT GRAVIET	} 6051 N. EAGLE	BOISE	ID	83713												
SECT	GARY MILLWARD																
5. Organized Under the Laws of: IDAHO W 8772	6. Signature <u>Christine</u> Date <u>3/11/03</u> Name (Typed or Printed) <u>CHRISTINE GRAVIET</u> Title <u>Administrator</u>																