

No. C 74467		Due no later than Dec 31, 2014		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. TRINITY EAR, NOSE & THROAT, P.C. H PETER DOBLE, II, MD P O BOX 1864 TWIN FALLS ID 83303-1864		H PETER DOBLE, II, MD 141 MORRISON STREET TWIN FALLS 83301-5451			
				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	VIVIAN M DOBLE	141 MORRISON STREET	TWIN FALLS	ID	USA	83301-5451	
PRESIDENT	H PETER DOBLE, II, MD	141 MORRISON STREET	TWIN FALLS	ID	USA	83301-5451	
5. Organized Under the Laws of: ID C 74467		6. Annual Report must be signed.* Signature: H Peter Doble II MD Name (type or print): H Peter Doble II MD Date: 12/31/2014 Title: President					
Processed 12/31/2014		* Electronically provided signatures are accepted as original signatures.					