No. C 185350		Due no later than Dec 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. STRICKLAND EAR CLINIC PC TOSHA K STRICKLAND 10112 W OVERLAND ROAD BOISE ID 83709		924 E BOUL MERIDIAN	TOSHA STRICKLAND 924 E BOULDER BAR ST MERIDIAN ID 83646 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nai	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TOSHA K S	TRICKLAND	10112 W OVERLAND ROAD	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tos		Date: 11/12/2010				
C 185350		Name (type or		Title: Owner				
Processed 11/12/2010 * Electronically provided signatures are accepted as original signatures.								