

|                                                                                                                                                        |                 |                                                                                                                                                                                                             |            |                                                                  |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 121532</b>                                                                                                                                    |                 | <b>Due no later than Nov 30, 2010</b>                                                                                                                                                                       |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>INTERMOUNTAIN WEST ALLERGY ASSOCIATION, INC.<br>RICHARD E HENRY<br>800 FALLS AVE STE 2<br>TWIN FALLS ID 83301 |            | RICHARD E HENRY MD<br>800 FALLS AVE STE 2<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                             |            | 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 |  |
| DIRECTOR                                                                                                                                               | JAN BROADBEND   | 800 FALLS AVE, STE 2                                                                                                                                                                                        | TWIN FALLS | ID                                                               | USA     | 83301       |  |
| PRESIDENT                                                                                                                                              | GENE PETTY      | 800 FALLS AVE, STE 2                                                                                                                                                                                        | TWIN FALLS | ID                                                               | USA     | 83301       |  |
| SECRETARY                                                                                                                                              | KEN WAKEFIELD   | 800 FALLS AVE, STE 2                                                                                                                                                                                        | TWIN FALLS | ID                                                               | USA     | 83301       |  |
| DIRECTOR                                                                                                                                               | RICHARD E HENRY | 800 FALLS AVE, STE 2                                                                                                                                                                                        | TWIN FALLS | ID                                                               | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 121532</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Richard E Henry<br>Name (type or print): Richard E Henry<br><br>Date: 12/07/2010<br>Title: Director                                                         |            |                                                                  |         |             |  |
| Processed 12/07/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                                   |            |                                                                  |         |             |  |