

No. C 179335		Due no later than Jul 31, 2009		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. SINUS-ALLERGY CENTER-IDAHO, P.A. JOHN A BOYAJIAN MD 357 E RIVER QUARRY DR EAGLE ID 83616		JOHN A BOYAJIAN MD 357 E QUARRY DR EAGLE ID 83616			
				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	
PRESIDENT	JOHN A BOYAJIAN	357 E RIVER QUARRY DR	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 179335		Signature: John A. Boyajian				Date: 05/18/2009	
		Name (type or print): John A. Boyajian				Title: President	
Processed 05/18/2009		* Electronically provided signatures are accepted as original signatures.					