

No. C 165912		Due no later than Mar 31, 2010		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. MOUNTAIN WEST EAR NOSE AND THROAT, P.C. TRACY HANKS 3200 CHANNING WAY STE 303 IDAHO FALLS ID 83404		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA		
				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
TREASURER	TRACY L HANKS	3200 CHANNING WAY STE 303	IDAHO FALLS	ID	USA	83404
DIRECTOR	KEVIN M HANKS	3200 CHANNING WAY STE 303	IDAHO FALLS	ID	USA	83404
SECRETARY	TRACY L HANKS	3200 CHANNING WAY STE 303	IDAHO FALLS	ID	USA	83404
PRESIDENT	KEVIN M HANKS	3200 CHANNING WAY STE 303	IDAHO FALLS	ID	USA	83440
5. Organized Under the Laws of: ID C 165912		6. Annual Report must be signed.* Signature: Tara Tolson Name (type or print): Tara Tolson Date: 04/08/2010 Title: Practice Manager				
Processed 04/08/2010		* Electronically provided signatures are accepted as original signatures.				