No. C 150102		Due no later than Jul 31, 2016		2. Registered A	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. ALLERGY CLINIC - IDAHO, INC. 3085 E MAGIC VIEW DR #140 MERIDIAN ID 83642		3085 E MAG MERIDIAN II	JOHN A BOYAJIAN 3085 E MAGIC VIEW DRIVE #140 MERIDIAN ID 83642 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ass Addrasses of	President, Secretary, and Directors. Treasure	or (optional)				
Office Held	Name	ess Addi esses di	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	JOHN A BOYAJIAN GARALD E PRICE		3085 E MAGIC VIEW DRIVE #140 3085 E MAGIC VIEW DRIVE #140	MERIDIAN MERIDIAN	ID ID	USA USA	83642 83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 150102		Signature: Jo		Date: 05/24/2016				
		Name (type o		Title: President				
Processed 05/24/2016 * Electronically provided signatures are accepted as original signatures.								