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|--|------------------|---|----------|--|---------|-------------|--|
| No. C 64583 | | Due no later than Aug 31, 2015 | | 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 | | 1. Mailing Address: Correct in this box if needed. AMERICAN HEARING CARE REGIONAL HEARING AND BALANCE CENTER CORP. OSVALDO IADAROLA 3345 MERLIN DR STE 200 IDAHO FALLS ID 83404 | | SCOTT P ESKELSON 425 S HOLMES AVE IDAHO FALLS ID 83401 | | | |
| | | | | 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 | OSVALDO IADAROLA | 2285 MACINTYRE PLACE | KAMLOOPS | | CANADA | V1S 1H7 | |
| SECRETARY | ZACHARY M HALE | 4625 EAST 100 NORTH | RIGBY | ID | USA | 83442 | |
| 5. Organized Under the Laws of: ID C 64583 | | 6. Annual Report must be signed.* Signature: Osvaldo Iadarola Name (type or print): Osvaldo Iadarola | | | | | |
| Date: 09/10/2015 Title: President | | | | | | | |
| Processed 09/10/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |