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| No. C 179335 | Due no later than Jul 31, 2015 Annual Report Form | 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. SINUS-ALLERGY CENTER-IDAHO, P.A. CRYSTAL BAISCH 727 E RIVER PARK LANE #200 BOISE ID 83706 | 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: ID C 179335 | 6. Annual Report must be signed.* Signature: John A. Boyajian Name (type or print): John A. Boyajian | | Date: 05/18/2015 Title: President |
| Processed 05/18/2015 | | * Electronically provided signatures are accepted as original signatures. | |