No. C196625	Due no later than Nov 30, 2014	2. Registered Agent and Address (NO PO BOX)					
Return to:	Annual Report Form	PENELOPE PARKER					
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	320 MAIN AVE N					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MAGIC VALLEY EAR, NOSE AND THROAT, INC. PETER DOBLE 141 MORRISON	TWIN FALLS ID 83301 3. New Registered Agent Signature:*					
	TWIN FALLS ID 83301						
NO FILING FEE IF RECEIVED BY DUE DATE							
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 PETER DOB	LE 141 MORRISON	TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	ID Signature: P. Parker			Date: 09/26/2014			
C196625	Name (type or print): P. Parker	Title: attorney					
Processed 09/26/2014	* Electronically provided signatures are accepted as original signatures.						