

|                                                                                                                                                        |                                                                                                                                                                                   |                                                                                                                        |                                                              |                                           |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|---------|-------------|
| No. <b>C 64583</b>                                                                                                                                     | <b>Due no later than Aug 31, 2016</b><br><b>Annual Report Form</b>                                                                                                                |                                                                                                                        | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |                                           |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>AMERICAN HEARING CARE REGIONAL HEARING AND<br>BALANCE CENTER CORP.<br>3345 MERLIN DR STE 200<br>IDAHO FALLS ID 83404 |                                                                                                                        | SCOTT P ESKELSON<br>425 S HOLMES AVE<br>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                                                                                                                                              | VINCE RUSSOMAGNO                                                                                                                                                                  | 225 WILMINGTON-WEST CHESTER PI                                                                                         | CHADDS FORD                                                  | PA                                        |         | 19317       |
| SECRETARY                                                                                                                                              | MORTEN L. NIELSEN                                                                                                                                                                 | 2501 COTTONTAIL LANE                                                                                                   | SOMERSET                                                     | NJ                                        | USA     | 08873       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 64583</b>                                                                                           |                                                                                                                                                                                   | 6. Annual Report must be signed.*<br>Signature: Morten Lehmann Nielsen<br>Name (type or print): Morten Lehmann Nielsen |                                                              | Date: 09/26/2016<br>Title: Vice President |         |             |
| Processed 09/26/2016                                                                                                                                   |                                                                                                                                                                                   | * Electronically provided signatures are accepted as original signatures.                                              |                                                              |                                           |         |             |