

No. <b>C 167601</b>		<b>Due no later than Jun 30, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SINUS SURGERY CENTER-IDAHO, P.A. JOHN A BOYAJIAN MD 727 E RIVER PARK LANE #200 BOISE ID 83706 USA		JOHN A BOYAJIAN 357 E RIVER 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	
SECRETARY	CHRIS S BOYAJIAN	357 E.RIVER QUARRY DR	EAGLE	ID	USA	83616	
DIRECTOR	CRYSTAL BAISCH	357 E.RIVER QUARRY DR	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  <b>ID</b> <b>C 167601</b>		6. Annual Report must be signed.*  Signature: John A Boyajian Name (type or print): John A Boyajian					
		Date: 05/10/2013 Title: President					
Processed 05/10/2013		* Electronically provided signatures are accepted as original signatures.					