

No. C 117660		Due no later than Jan 31, 2006		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHWEST IDAHO EAR NOSE AND THROAT, P.A. RYAN PHARIS 900 N LIBERTY ST., STE 400 BOISE ID 83704 0000		A C JONES III MD 900 N LIBERTY ST STE 400 BOISE ID 83704 0000		
				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	ARTHUR C JONES, III	900 N LIBERTY ST., STE 400	BOISE	ID	USA	83704
SECRETARY	WALTER DAVIS MERRITT, III	900 N LIBERTY ST., STE 400	BOISE	ID	USA	83704
DIRECTOR	JILL C BECK	900 N LIBERTY ST., STE 400	BOISE	ID	USA	83704
DIRECTOR	ERIC T GARNER	900 N LIBERT ST., STE 400	BOISE	ID	USA	83704
DIRECTOR	DELRAY MAUGHAN	900 N LIBERTY ST., STE 400	BOISE	ID	USA	83704
DIRECTOR	TODD J RUSTAD	900 N LIBERTY ST., STE 400	BOISE	ID	USA	83704
DIRECTOR	MATTHEW B SCHWARZ	900 N LIBERTY ST., STE 400	BOISE	ID	USA	83704
5. Organized Under the Laws of: IDAHO C 117660		6. Annual Report must be signed.* Signature: RYAN PHARIS Name (type or print): RYAN PHARIS Date: 12/13/2005 Title: ADMINISTRATOR				
Processed 12/13/2005		* Electronically provided signatures are accepted as original signatures.				