No. C 179335		Due no later than Jul 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SINUS-ALLERGY CENTER-IDAHO, P.A. 3085 E MAGIC VIEW DR #140 MERIDIAN ID 83642		JOHN A BOYAJIAN MD 357 E QUARRY DR EAGLE ID 83616 3. New Registered Agent Signature:*				
RECEIVED BY DUE		ess Addresses of	President, Secretary, and Directors. Trea	asurer (d	ontional).			
Office Held	Name	cos / (ddi cosco oi	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:		6. Annual Repor						
ID C 179335		Signature: John A Boyajian			Date: 05/24/2017			
		Name (type or print): John A Boyajian			Title: President			
Processed 05/24/2017	ed 05/24/2017 * Electronically provided signatures are accepted as original signatures.							