

No. <b>C 99299</b>		<b>Due no later than Aug 31, 2009</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  EAR, NOSE & THROAT OF COEUR D'ALENE, P.A. RONALD J. STOUT M.D. 700 IRONWOOD STE 236 COEUR D'ALENE ID 83814		RONALD J. STOUT, M.D. 700 IRONWOOD STE 236 COEUR D'ALENE ID 83814			
				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	
DIRECTOR	CHAD D MCCORMICK	700 IRONWOOD DRIVE SUITE 236	COEUR D'ALENE	ID	USA	83814-4484	
DIRECTOR	ROBERT C FARR	700 IRONWOOD DRIVE SUITE 236	COEUR D'ALENE	ID	USA	83814-4484	
5. Organized Under the Laws of:  <b>ID C 99299</b>		6. Annual Report must be signed.* Signature: Shari Kane Name (type or print): Shari Kane Date: 06/11/2009 Title: Office Manager					
Processed 06/11/2009		* Electronically provided signatures are accepted as original signatures.					