


No. C 54751	Due no later than Dec 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX COLIN S. DOYLE, M.D. 330 WARNER DRIVE LEWISTON, ID 83501
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable VALLEY EAR, NOSE, AND THROAT GROUP, COLIN S DOYLE 330 WARNER DRIVE LEWISTON, ID 83501		3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u> Pres.	<u>Name</u> Colin S. Doyle	<u>Street or P.O. Address</u> 330 Warner Dr.	<u>City</u> Lewiston
			<u>State</u> ID
			<u>Zip</u> 83501
5. Organized Under the Laws of: IDAHO C 54751		6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name (Typed or Printed) Colin S. Doyle </div> <div style="width: 35%;"> Date 12-26-01 Title Pres. </div> </div>	