

No. C 74467	Due no later than Dec 31, 2015 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. TRINITY EAR, NOSE & THROAT, P.C. H PETER DOBLE, II, MD P O BOX 1864 TWIN FALLS ID 83303-1864	H PETER DOBLE, II, MD 141 MORRISON STREET TWIN FALLS ID 83301-5451 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
SECRETARY	VIVIAN M DOBLE	141 MORRISON STREET	TWIN FALLS	ID	USA	83301-5451
PRESIDENT	H PETER DOBLE, II, MD	141 MORRISON STREET	TWIN FALLS	ID	USA	83301-5451
5. Organized Under the Laws of: ID C 74467	6. Annual Report must be signed.* Signature: H Peter Doble II, MD Name (type or print): H Peter Doble II, MD		Date: 10/14/2015 Title: President			
Processed 10/14/2015		* Electronically provided signatures are accepted as original signatures.				