	INSTRUCTI	ONS ON REVERSE SIDE	1221	IED . O	7-11-10	O T
No. 96024  Return To	Idaho Corporation Annual Report Form  Due No Later Than November 1,  1. Mailing Address - Plant Control II Non Control  MAGIC VALLEY EAR, NOSE & THROAT LARRY D. MAXWELL, M.D.		2. Registered Agent and Office NOT A P.O. BO			
Secretary of State Room 203, Statehouse Boise, ID 83720  * FIRST NOTICE * NO FEE REQUIRED			■ 570 Sh	570 SHOUP AVE W		
			TWIN FALLS ID 83301  3. Incorporated Under The Laws			
	570 SHOUP AVE PO Box 1864 TWIN FALLS		of ID			
		ID 83301 83303-1964		6024		
. Names and Addresses of Office	rs and Directors	MUST BE PRINTED G	A TYPED	i 3		
	<u>Name</u>	Street or P.O. Address	2	<u> Zity</u>	State	<u>Zip</u>
President: H. Peter Dob Secretary: Larry D. Max Demotors:		3399 Willow Way 790 Academic			Idaho Idaho	83301 83301
Treasurer: Mark F.	Grefenson, MD	782 Campus Drive	Twin F	alls,	Idaho	83301
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			•	r		
Nature of Business Medical Practice	6. Certify that true, correct Signature	this Annual Report has been exart and complete	nined by me a	and is to th	e best of my	knowledge
	Name ///yped or Name //hited j	H. Peter Doble,	. MD		esident	