No. C 167601	Due no later than Jun 30, 2012	Registered Agent and Address (NO PO BOX) JOHN A BOYAJIAN 357 E RIVER QUARRY DR EAGLE ID 83616 3. New Registered Agent Signature:*				
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. SINUS SURGERY CENTER-IDAHO, P.A. JOHN A BOYAJIAN MD 727 E RIVER PARK LANE #200 BOISE ID 83706 USA					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busin	ess Addresses of President, Secretary, and Directors. Tr	easurer (optional).			
Office Held Name	Street or PO Address		City	State	Country	Postal Code
PRESIDENT JOHN A BOY	YAJIAN 357 E.RIVER QUARRY DR		EAGLE	ID	USA	83616
SECRETARY CHRIS S BC	DYAJIAN 357 E.RIVER QUARRY DR		EAGLE	ID	USA	83616
DIRECTOR CRYSTAL BA	AISCH 357 E.RIVER QUARRY DR		EAGLE	ID	USA	83616
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: John A. Boyajian	A. Boyajian Date: 04/18/2012				
C 167601	Name (type or print): John A. Boyajian	Title: President				
Processed 04/18/2012	* Electronically provided signatures are accepted as original signatures.					