




<b>No. 90843</b>  Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>** FINAL NOTICE ** NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b>  <i>Due No Later Than November 1</i>  <b>1. Mailing Address — Please Correct</b>  IDAHO ENT, P.A. DAVID F. AUSTIN, M.D. 2680 CHANNING WAY #202  IDAHO FALLS ID 83402	<b>2. Registered Agent and Office</b>  DAVID F. AUSTIN, M.D. 2680 CHANNING WAY  IDAHO FALLS ID 83402  <b>3. Incorporated Under The Laws</b> of ID  NO: 090843																								
<b>4. Names and Addresses of Officers and Directors</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 35%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DAVID F. AUSTIN, M.D.</td> <td>2860 CHANNING WAY #202</td> <td>IDAHO FALLS,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>LINDA C. AUSTIN</td> <td>2860 CHANNING WAY #202</td> <td>IDAHO FALLS,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	DAVID F. AUSTIN, M.D.	2860 CHANNING WAY #202	IDAHO FALLS,	ID	83404	Secretary:	LINDA C. AUSTIN	2860 CHANNING WAY #202	IDAHO FALLS,	ID	83404	Directors:					
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<b>5. Nature of Business</b> EAR, NOSE & THROAT PHYSICIAN AND SURGEON	<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature  </td> <td style="width: 40%;">           Date 10/11/90         </td> </tr> <tr> <td>           Name (Typed or Printed) DAVID F. AUSTIN., M.D.         </td> <td>           Title PRESIDENT         </td> </tr> </table>		Signature 	Date 10/11/90	Name (Typed or Printed) DAVID F. AUSTIN., M.D.	Title PRESIDENT																				
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