

No. C 142833		Due no later than Mar 31, 2017 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. ALPINE EAR NOSE & THROAT, P.C. MARK CAPENER MD 2065 E 17TH ST SUITE B IDAHO FALLS ID 83404		MARK CAPENER MD 2065 E 17TH ST SUITE B IDAHO FALLS ID 83404			
						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	SALLY M CAPENER	2065 E. 17TH STREET SUITE B	IDAHO FALLS	ID	USA	82404	
PRESIDENT	MARK L CAPENER	2065 E. 17TH STREET SUITE B	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 142833		6. Annual Report must be signed.* Signature: Sally Capener Name (type or print): Sally Capener					
		Date: 01/23/2017 Title: Secretary					
Processed 01/23/2017		* Electronically provided signatures are accepted as original signatures.					