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| No. C 117660 | | Due no later than Jan 31, 2014 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. SOUTHWEST IDAHO EAR NOSE AND THROAT, P.A. ANN STREET 900 N LIBERTY ST., STE 400 BOISE ID 83704 | | A C JONES III MD 900 N LIBERTY ST STE 400 BOISE ID 83704 | | |
| | | | | 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 |
| PRESIDENT | ARTHUR C JONES, III | 900 N LIBERTY ST., STE 400 | BOISE | ID | USA | 83704 |
| SECRETARY | RYAN L VAN DE GRAAFF | 900 N LIBERTY ST., STE 400 | BOISE | ID | USA | 83704 |
| DIRECTOR | ERIC T GARNER | 900 N LIBERT ST., STE 400 | BOISE | ID | USA | 83704 |
| DIRECTOR | TODD J RUSTAD | 900 N LIBERTY ST., STE 400 | BOISE | ID | USA | 83704 |
| DIRECTOR | MATTHEW B SCHWARZ | 900 N LIBERTY ST., STE 400 | BOISE | ID | USA | 83704 |
| 5. Organized Under the Laws of: ID C 117660 | | 6. Annual Report must be signed.* Signature: Ann Street Name (type or print): Ann Street Date: 11/19/2013 Title: Administrative Assistant | | | | |
| Processed 11/19/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |