

No. <b>C 142833</b>		<b>Due no later than Mar 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ALPINE EAR NOSE & THROAT, P.C. MARK CAPENER MD 2065 E 17TH ST SUITE B IDAHO FALLS ID 83404 USA		MARK CAPENER MD 2065 E 17TH ST SUITE B IDAHO FALLS 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:  <b>ID C 142833</b>		6. Annual Report must be signed.* Signature: Sally Capener Name (type or print): Sally Capener Date: 02/03/2015 Title: Secretary/office Manager					
Processed 02/03/2015		* Electronically provided signatures are accepted as original signatures.					