No. **C 196625**	**Due no later than Nov 30, 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.** MAGIC VALLEY EAR, NOSE AND THROAT, INC. PETER DOBLE 141 MORRISON TWIN FALLS ID 83301	PENELOPE PARKER 320 MAIN AVE N TWIN FALLS ID 83301 3. New 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	PETER DOBLE	141 MORRISON	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 196625**	Signature: Peter Doble Name (type or print): Peter Doble	Date: 12/01/2017 Title: President

Processed 12/01/2017

* Electronically provided signatures are accepted as original signatures.