

|  |              |   |           |  |                     |
|--|--------------|---|-----------|--|---------------------|
| No. <b>C 141271</b>  |              | <b>Due no later than Nov 30, 2010</b>   |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CENTRUM HEARING SERVICES, INC.<br>DIANNE BALLS<br>804 YELLOWSTONE<br>POCATELLO ID 83201-4415<br>USA |           | RON J CONLIN<br>804 YELLOWSTONE<br>POCATELLO ID 83201-4415 |                     |
|  |              |   |           | 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  | RON J CONLIN | 804 YELLOWSTONE   | POCATELLO | ID   | USA 83201-4415      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 141271</b>  |              | 6. Annual Report must be signed.*<br>Signature: Dianne Balls<br>Name (type or print): Dianne Balls<br>Date: 09/15/2010<br>Title: Office Manager   |           |  |                     |
| Processed 09/15/2010   |              | * Electronically provided signatures are accepted as original signatures.   |           |  |                     |