No.	C 59333	Due no later than 9/30/2009	Registered Agent and Address (NO PO BOX)		
	N to: SECRETARY OF STATE 450 NORTH FOURTH STREE PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF CEIVED BY DUE DATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. CANYON HEARING AID CENTERS, INC. FRANK C. MCCUSKEY 2509 CALDWELL BOULEVARD NAMPA ID 83651	DAN F. MC CUSKEY 2509 CALDWELL BOULEVARD NAMPA ID 83651 3. New Registered Agent Signature:		
4. Co	rporations: Enter Names and e Held Name	Business Addresses of President, Secretary and Directors. Street or PO Address	City		State Zip
PRI	ESIPENT: DAYF. E PRES: LINDA	MCCustery 2509 CACOWELL BLUD MCCustery "1" LE MCCustery "1"	NAMPA	ID 11	83651
SE	CREMAY BROOM	the McCaskey "	ii i	11	
5. Or	ganized Under the Laws of: ID C 59333	6. Annual Report must be signed. Signature: Name(type or print): DAN F. NECusE	EY.		Oct Ug PRES
Īssi	led 7/20/2009 by L3M				200909000418