No. W 134101			2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Repor	t Form	DENTON RO		osciona serro-manti repridi la		
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			13923 W WAINWRIGHT DR STE 301 SUITE 301 BOISE 83713-1969			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RETINA SPECIALISTS OF IDAHO PARTNERS, PLLC DENTON Roberts 13923 W WAINWRIGHT DR STE 301 Ste. 301						
			3. New Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 83713-1969 USA						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Name	Street or Po	O Address	City	State	Country	Postal Code	
MANAGER DENTON F	ROBERTS 13923 W. V	VAINWRIGHT DR. SUITE	301BOISE	ID	USA	83713-1969	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Denton Roberts	Date: 12/24/2014					
W 134101	Name (type or print): Denton Robe		Title: Manager				
Processed 12/24/2014	* Electronically provided signatures are accepted as original signatures.						