

No. W 109226		Due no later than Dec 31, 2014 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		1. Mailing Address: Correct in this box if needed. SALMON RIVER VISION CLINIC, PLLC SCOTT B TAYLOR 1301 MAIN ST STE 10 SALMON ID 83467		SCOTT B TAYLOR 1301 MAIN ST STE 10 SALMON 83467			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SCOTT B TAYLOR	Street or PO Address 1301 MAIN #10		City SALMON	State ID	Country USA	Postal Code 83467
5. Organized Under the Laws of: ID W 109226		6. Annual Report must be signed.* Signature: scott b taylor Name (type or print): scott b taylor Date: 10/21/2014 Title: manager					
Processed 10/21/2014 * Electronically provided signatures are accepted as original signatures.							