

No. <b>C 96437</b>		<b>Due no later than Oct 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> PANHANDLE EYE CLINICS, CHARTERED ROBERT D MAGWIRE 704 COLLEGE AVE. ST. MARIES ID 83861		ROBERT D MAGWIRE 2312 CROMWELL DR ST MARIES ID 83861			
				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	
SECRETARY	BARBARA J MAGWIRE	2312 CROMWELL DRIVE	ST. MARIES	ID	USA	83861	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 96437</b>		Signature: Robert D Magwire				Date: 08/21/2017	
		Name (type or print): Robert D Magwire				Title: Owner	
Processed 08/21/2017		* Electronically provided signatures are accepted as original signatures.					