No. **C 97113**	**Due no later than Dec 31, 2014**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** NORTH IDAHO EYE INSTITUTE, P.A. DE DE KAREN SINES 1814 LINCOLN WAY COEUR D'ALENE ID 83814 USA	DE DE KAREN SINES 1814 LINCOLN WAY COEUR D'ALENE 83814 3. New 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
DIRECTOR	DAVID DANCE	1814 LINCOLN WAY	COEUR D ALENE	ID	USA	83814
PRESIDENT	PATRICK PARDEN	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
DIRECTOR	RODERICK KENT	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
VICE PRESIDENT	D JUSTIN STORMOGIPSON	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
TREASURER	TAD BUCKLAND	1814 LINCOLN WAY	COEUR D ALENE	ID	USA	83814
DIRECTOR	ALISON M GRANIER	1814 LINCOLN WAY	COEUR D ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 97113**	Signature: KAREN SINES	Date: 01/09/2015
	Name (type or print): KAREN SINES	Title: ADMINISTRATOR

Processed 01/09/2015

* Electronically provided signatures are accepted as original signatures.