

No. C 100188		Due no later than Nov 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. EYE CLINIC OF SANDPOINT, P.A. KATHRYN GEORGE 307 S FIRST AVE SANDPOINT ID 83864-1201		CHARLES C GEORGE 307 S FIRST AVE SANDPOINT ID 83864			
						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	
PRESIDENT	CHARLES GEORGE	307 S FIRST AVE	SANDPOINT	ID	USA	83864	
SECRETARY	KATHRYN GEORGE	307 SOUTH FIRST AVE	SANDPOINT	ID	USA	83864-1201	
5. Organized Under the Laws of: ID C 100188		6. Annual Report must be signed.* Signature: Kathryn George Name (type or print): Kathryn George					
		Date: 09/24/2014 Title: Secretary					
Processed 09/24/2014		* Electronically provided signatures are accepted as original signatures.					