No. C 199997		Due no later than Oct 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. JUSTIN ROWE, O.D., P.A. JUSTIN ROWE 204 LENORA ST MCCALL ID 83638		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:					JUSTIN ROWE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				MCCALL	204 LENORA ST MCCALL 83638-8363 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR LUCINDA RO		WE	204 LENORA ST	MCCALL	ID	USA	83638	
SECRETARY LUCINDA RO		WE	204 LENORA ST	MCCALL	ID	USA	83638	
PRESIDENT	JUSTIN MAR	K ROWE	204 LENORA ST	MCCALL	ID	USA	83638	
5. Organized Under the Laws of:		6. Annual Repor	must be signed.*					
ID		Signature: Justin M Rowe			Date: 10/31/2014			
C 199997		Name (type o		Title: President				
Processed 10/31/2014	rocessed 10/31/2014 * Electronically provided signatures are accepted as original signatures.							