

No. <b>C 182559</b>		<b>Due no later than Mar 31, 2013</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>  COMPLETE FAMILY EYE CARE, P.A. CODY E JONES 34 SE MAIN ST STE 101 BLACKFOOT ID 83221-5094		NICK M STALEY 285 N W MAIN BLACKFOOT ID 83221			
				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	CODY E. JONES	181 N. 800 W.	BLACKFOOT	ID	USA	83221	
DIRECTOR	CODY E JONES	181 N. 800 W.	BLACKFOOT	ID	USA	83221	
TREASURER	CODY E JONES	181 N. 800 W.	BLACKFOOT	ID	USA	83221	
PRESIDENT	CODY E JONES	181 N. 800 W.	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:  <b>ID C 182559</b>		6. Annual Report must be signed.* Signature: Cody Jones Name (type or print): Cody Jones Date: 04/08/2013 Title: Owner					
Processed 04/08/2013		* Electronically provided signatures are accepted as original signatures.					