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|--|---------------------|--|-------|---|---------|-------------|--|
| No. W 71727 | | Due no later than Feb 28, 2013 | | 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. RETINA SPECIALISTS OF IDAHO PLLC DENTON R ROBERTS 13923 W WAINWRIGHT SUITE 301 BOISE ID 83713-1969 | | DENTON R ROBERTS 13923 W. WAINWRIGHT DR. SUITE 301 BOISE ID 83713-1969 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | DENTON R ROBERTS MD | 13923 W WAINWRIGHT STE 301 | BOISE | ID | USA | 83713-1969 | |
| 5. Organized Under the Laws of: ID W 71727 | | 6. Annual Report must be signed.* Signature: Denton R. Roberts Name (type or print): Denton R. Roberts Date: 01/08/2013 Title: Manager | | | | | |
| Processed 01/08/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |