No. **C 100188**	**Due no later than Nov 30, 2016** **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. 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
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:	6. Annual Report must be signed.*	
ID **C 100188**	Signature: Kathryn George Name (type or print): Kathryn George	Date: 12/28/2016 Title: Secretary

Processed 12/28/2016

* Electronically provided signatures are accepted as original signatures.