

No. W 109226		Due no later than Dec 31, 2012		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. SALMON RIVER VISION CLINIC, PLLC SCOTT B TAYLOR 1301 MAIN ST STE 10 SALMON ID 83467		SCOTT B TAYLOR 1301 MAIN ST STE 10 SALMON ID 83467			
				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	
MEMBER	SCOTT B TAYLOR	1301 MAIN #10	SALMON	ID	USA	83467	
5. Organized Under the Laws of: ID W 109226		6. Annual Report must be signed.* Signature: Scott B Taylor Name (type or print): Scott B Taylor Date: 10/22/2012 Title: Manager					
Processed 10/22/2012		* Electronically provided signatures are accepted as original signatures.					