

No. W 157067		Due no later than Oct 31, 2016		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. SOUTHERN IDAHO OPHTHALMOLOGY, PLLC JAMES M COOMBS 1415 PARK VIEW DR TWIN FALLS ID 83301		JAMES M COOMBS 1415 PARK VIEW DR TWIN FALLS ID 83301-8330	
				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	JAMES M COOMBS	1415	TWIN FALLS	ID	USA 83301-3250
5. Organized Under the Laws of: ID W 157067		6. Annual Report must be signed.* Signature: James Coombs Name (type or print): James Coombs Date: 10/11/2016 Title: President			
Processed 10/11/2016		* Electronically provided signatures are accepted as original signatures.			