No. <b>C 153643</b>		Due no later than Mar 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KRISTAN C	KRISTAN C SPARKS			
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.  PARKWAY EYECARE, P.C.  KRISTAN C SPARKS  524 N STATE STREET  SHELLEY ID 83274-1154  USA			524 N STATE STREET			
				SHELLEY ID	SHELLEY ID 83274-1154			
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busir	ness Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	NATHAN G KRISTAN C	and the same of th	524 N STATE STREET 524 N STATE STREET	SHELLEY SHELLEY	ID ID	USA USA	83274-1154 83274-1154	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature:	Kristan C. Sparks		Date: 01/26/2016			
C 153643		Name (typ	e or print): Kristan C. Sparks		Title: President			
Processed 01/26/2016		* Electronicall	y provided signatures are accepted as origina	l signatures.				