

No. C 140817		Due no later than Sep 30, 2014 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. CLEARVIEW EYE CLINIC, LTD. BRENDA E HALEN 2500 W A STREET, SUITE 202 MOSCOW ID 83843 USA		DAVID B LEACH 2500 W A STREET, SUITE 202 MOSCOW ID 83843			
						3. <u>New</u> 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	DAVID B LEACH	2500 W A STREET, SUITE 202	MOSCOW	ID	USA	83843	
SECRETARY	ANN LEACH	2500 W A STREET, SUITE 202	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: ID C 140817		6. Annual Report must be signed.* Signature: Brenda Halen Name (type or print): Brenda Halen					
		Date: 07/14/2014 Title: Practice Administrator					
Processed 07/14/2014		* Electronically provided signatures are accepted as original signatures.					