

No. W 38536		Due no later than Apr 30, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST EYE & LASER CENTER, PLLC DR MARK J BOERNER 111 MAIN ST STE 200 BOISE ID 83702		DR MARK BOERNER 111 MAIN ST STE 200 BOISE ID 83702	
				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	DR MARK BOERNER	111 MAIN ST	BOISE	ID	83702
5. Organized Under the Laws of: ID W 38536		6. Annual Report must be signed.* Signature: KRISTEN SCHAFER Name (type or print): KRISTEN SCHAFER Date: 03/03/2016 Title: OFFICE MANAGER			
Processed 03/03/2016		* Electronically provided signatures are accepted as original signatures.			