No. C 189240	Due	Due no later than Nov 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing A	Annual Report Form Idress: Correct in this box if needed. Y OF OPHTHALMOLOGY, INC.	1615 12TH	PETER E JENSEN 1615 12TH AVE RD STE A NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 83	BOISE ID 83702		3. New Registered Agent Signature:*			
Office Held Name	ISITIESS Addresses of I	Street or PO Address	City	State	Country	Postal Code	
	JENSEN ENSEN	1615 12TH AVE RD STE A 1615 12TH AVE RD STE A	NAMPA NAMPA	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of: 6. Annual Re		must be signed.*					
ID	Signature: Erii	Signature: Erin Trimble		Date: 09/27/2012			
C 189240	Name (type or	Name (type or print): Erin Trimble		Title: Executive Director			
Processed 09/27/2012	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					