

No. W 71727		Due no later than Feb 28, 2017		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. RETINA SPECIALISTS OF IDAHO PLLC DENTON R ROBERTS 13923 W WAINWRIGHT SUITE 301 BOISE ID 83713-1969		DENTON R ROBERTS 13923 W. WAINWRIGHT DR. SUITE 301 BOISE ID 83713-1969		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	
MANAGER	DENTON R ROBERTS MD	4461 N DIAMOND CREEK AVE	MERIDIAN	ID		83646	
5. Organized Under the Laws of: ID W 71727		6. Annual Report must be signed.* Signature: Denton Roberts Name (type or print): Denton Roberts		Date: 03/22/2017 Title: Owner			
Processed 03/22/2017		* Electronically provided signatures are accepted as original signatures.					