

No. C 140817	Due no later than Sep 30, 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. CLEARVIEW EYE CLINIC, LTD. SONYA A SPRAUL 2500 W A STREET, SUITE 202 MOSCOW ID 83843		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: Sonya Spraul Name (type or print): Sonya Spraul		Date: 07/24/2017 Title: Busi Manager			
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.				