

No. C 96437		Due no later than Oct 31, 2015		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. PANHANDLE EYE CLINICS, CHARTERED ROBERT D MAGWIRE 704 COLLEGE AVE. ST. MARIES ID 83861 USA		ROBERT D MAGWIRE 2312 CROMWELL DR ST MARIES ID 83861			
				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	
SECRETARY	BARBARA J MAGWIRE	2312 CROMWELL DRIVE	ST. MARIES	ID	USA	83861	
5. Organized Under the Laws of: ID C 96437		6. Annual Report must be signed.* Signature: Robert D Mawire Name (type or print): Robert D Mawire					
Date: 08/17/2015 Title: Registered Agent							
Processed 08/17/2015		* Electronically provided signatures are accepted as original signatures.					