No. <b>C 54801</b>		Due no later than Jan 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  EYE CENTER, P.A. (THE) BETH ANDRUS 201 SOUTH LINCOLN JEROME ID 83338		2.	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				'	JAMES A DAVIS OD 201 SOUTH LINCOLN STREET JEROME ID 83338  3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
SECRETARY	KYLE J WILLIAMS STEVEN G SNAPP ROBERT B GRILL JAMES A DAVIS		180 1ST AVE N 110 N 1ST AVE 844 SHOSHONE ST E 201 S LINCOLN	F T	KETCHUM HAILEY FWIN FALLS EROME	ID ID ID	USA USA USA USA	83340 83333 83301 83338
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 54801		Signature: Beth T Andrus Name (type or print): Beth T Andrus			Date: 01/30/2018 Title: Bookkeeper			
Processed 01/30/2018 * Electronically provided signatures are accepted as original signatures.								