No. **C 176326**	**Due no later than Dec 31, 2014** **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.** OREGON TRAIL EYE CARE, PC JEFFREY P COLLINS 152 S MAIN SODA SPRINGS ID 83276 USA	JEFFREY P COLLINS OD 152 S MAIN SODA SPRINGS 83276 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	City	State	Country	Postal Code
PRESIDENT	JEFFREY P COLLINS	PO BOX 54	GEORGETOWN	ID	USA	83239

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 176326**	Signature: Jeffrey P Collins	Date: 11/14/2014
	Name (type or print): Jeffrey P Collins	Title: President

Processed 11/14/2014

* Electronically provided signatures are accepted as original signatures.