

No. C 178399	Due no later than May 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. KRISTINA L. BUSTER, O.D., P.C. KRISTINA L BUSTER 714 BETA CIRCLE TWIN FALLS ID 83301 USA		KRISTINA L BUSTER OD 714 BETA CIRCLE TWIN FALLS ID 83301			
			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	KRISTINA L BUSTER OD	714 BETA CIRCLE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: MT C 178399	6. Annual Report must be signed.* Signature: Kristina L Buster, O.D., P.C. Name (type or print): Kristina L Buster, O.D., P.C.		Date: 03/23/2014 Title: President			
Processed 03/23/2014		* Electronically provided signatures are accepted as original signatures.				