

No. <b>C 96437</b>	Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT D MAGWIRE 2312 CROMWELL DR ST MARIES ID 83861																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	1. <b>Mailing Address: Correct in this box if needed.</b> PANHANDLE EYE CLINICS, CHARTERED ROBERT D MAGWIRE 704 COLLEGE AVE. ST. MARIES ID 83861 USA		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President -</td> <td>ROBERT D. MAGWIRE</td> <td>704 W. COLLEGE AVE</td> <td>ST. MARIES</td> <td>ID</td> <td>USA</td> <td>83861</td> </tr> <tr> <td>Sec/TRES</td> <td>BARBARA J. MAGWIRE</td> <td>2312 CROMWELL DR.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President -	ROBERT D. MAGWIRE	704 W. COLLEGE AVE	ST. MARIES	ID	USA	83861	Sec/TRES	BARBARA J. MAGWIRE	2312 CROMWELL DR.	"	"	"	"
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Sec/TRES	BARBARA J. MAGWIRE	2312 CROMWELL DR.	"	"	"	"																		
5. Organized Under the Laws of:  IDAHO C 96437	6. Signature: <u>Barbara J. Magwire</u> Date: <u>8-31-14</u> Name (type or print): <u>BARBARA J. MAGWIRE</u> Title: <u>Sec/TRES</u>																							
Issued 08/25/2014 by CLH <span style="float: right;">113286</span>																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM