No. W 176020		Due no later than Dec 31, 2017	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	JAMES EARL 2222 W AUTUMN CREST CT EAGLE ID 83616 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EARL ASSOCIATED RETINA LTD, PLLC JAMES EARL 13923 W WAINWRIGHT DR STE 301					
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83713	3. <u>New</u> Regist	ered Agent 3	griature.		
4. Limited Liability Comp	panies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JAMES EAR	L 2222 W AUTUMN CREST CT	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Alycia Harwood	Date: 11/06/2017				
W 176020		Name (type or print): Alycia Harwood	Title: Practice Administrator				
Processed 11/06/2017 * Electronically provided signatures are accepted as original signatures.							