

No. C 168817	Due no later than Sep 30, 2017 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. NORTH IDAHO EYE CLINICS, INC. BRIAN R MILLER 6616 BUFFALO GRASS LN RATHDRUM ID 83858	SCOTT L POORMAN 320 E NEIDER AVE STE 204 COEUR D'ALENE ID 83815				
		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
DIRECTOR	BRIAN R MILLER	15630 N HWY 41	RATHDRUM	ID	USA	83858
TREASURER	BRIAN R MILLER	6616 BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858
SECRETARY	KASI O MILLER	6616 BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858
PRESIDENT	BRIAN R MILLER	6616 BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858
5. Organized Under the Laws of: ID C 168817	6. Annual Report must be signed.* Signature: Brian Miller Name (type or print): Brian Miller		Date: 08/07/2017 Title: President			
Processed 08/07/2017		* Electronically provided signatures are accepted as original signatures.				