

No. C 103937	Due no later than Nov 30, 2015 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. TETON RETINAL INSTITUTE, P.A. DARRYL G MOFFETT JR 3544 EAST 17TH STREET SUITE 105 AMMON ID 83406	DARRYL G MOFFETT JR 3544 EAST 17TH STREET SUITE 105 AMMON ID 83406 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	DARRYL G MOFFETT JR	3544 EAST 17TH STREET SUITE 105	AMMON	ID	USA	83406
5. Organized Under the Laws of: ID C 103937	6. Annual Report must be signed.* Signature: Sarah Monson Name (type or print): Sarah Monson		Date: 10/07/2015 Title: Office Manager			
Processed 10/07/2015		* Electronically provided signatures are accepted as original signatures.				