No. <b>C 91104</b>	D	Due no later than Jan 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  OPTOMETRIC CENTER, P.A. RANDY LEE 700 N RAYMOND ST BOISE ID 83704		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	OPTOMETRIC RANDY LEE 700 N RAYMO			RANDY LEE 700 N RAYMOND ST BOISE ID 83704  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		President, Secretary, and Directors. Treas	curer (entional)					
Office Held Names a		Street or PO Address	City	State	Country	Postal Code		
SECRETARY MEL	ISSA () MUELLER DOLPH D LEE	1962 S CORONADO WAY 8620 W ATWATER	BOISE BOISE	ID ID	USA USA	83709 83714		
5. Organized Under the Laws o	f: 6. Annual Repo	6. Annual Report must be signed.*						
ID	Signature: M	Signature: Melissa Mueller			Date: 12/19/2016			
C 91104	Name (type o	Name (type or print): Melissa Mueller			Title: Secretary			
Processed 12/19/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.						