| No. **W 38536** | **Due no later than Apr 30, 2010** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>NORTHWEST EYE & LASER CENTER, PLLC<br>DR MARK J BOERNER<br>111 MAIN ST STE 200<br>BOISE ID 83702<br>USA | DR MARK BOERNER<br>111 MAIN ST<br>BOISE ID 83702<br><br>3. New Registered Agent Signature:* |

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| MEMBER | DR MARK J BOERNER | 111 MAIN ST | BOISE | ID | USA | 83702 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 38536** | Signature: Mark J Boerner, M.d.<br>Name (type or print): Mark J Boerner, M.d. | Date: 02/11/2010<br>Title: Owner/physician |

Processed 02/11/2010

* Electronically provided signatures are accepted as original signatures.