

No. C 48341		Due no later than Oct 31, 2014		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. EYE CLINIC OF IDAHO FALLS, P.A. DAVID R ANDERSON MD PO BOX 2410 IDAHO FALLS ID 83403-2410 USA		DR DAVID R ANDERSON 530 SOUTH HOLMES IDAHO FALLS ID 83401			
				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	
SECRETARY	LEE ANDERSON	530 S. HOLMES PO BOX 2410	IDAHO FALLS	ID	USA	83403-2410	
5. Organized Under the Laws of: ID C 48341		6. Annual Report must be signed.* Signature: David R. Anderson, MD Name (type or print): David R. Anderson, MD Date: 09/17/2014 Title: Medical Director					
Processed 09/17/2014		* Electronically provided signatures are accepted as original signatures.					