

No. <b>C 129904</b>		<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HOLLINGSHEAD EYE CENTER, P.C. MARK E. HOLLINGSHEAD, M.D. 360 E MALLARD DR STE 110 BOISE ID 83706		MARK E. HOLLINGSHEAD, M.D. 360 E MALLARD DR # 110 BOISE ID 83706			
						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	
TREASURER	LOUIS M PENNOW	360 E MALLARD DR STE 110	BOISE	ID	USA	83706	
SECRETARY	LANA HOLLINGSHEAD	360 E MALLARD DR STE 110	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>ID</b> <b>C 129904</b>		6. Annual Report must be signed.*  Signature: Louis M. Pennow Name (type or print): Louis M. Pennow					
Processed 06/16/2014		* Electronically provided signatures are accepted as original signatures.  Date: 06/16/2014 Title: Treasurer					