No. <b>C 82836</b>		Due no later than Dec 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALAMEDA VISION, INC., P.A.  JAMIE THOMAS  1155 POCATELLO CREEK RD.  POCATELLO ID 83204		2. Registered Agent and Address (NO PO BOX)  JOHN A BAILEY, JR.  201 EAST CENTER ST.  POCATELLO ID 83204  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	ames and Busin	ess Addresses of Presic	lent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER	MICHAEL TUCKER		ALAMEDA VISION CENTER 1155 POCATELLO CRK RD	POCATELLO	ID	USA	83201
PRESIDENT	JAMIE THOMAS		ALAMEDA VISION CENTER 1155 POCATELLO CRK. RD.	POCATELLO	ID	USA	83201
VICE PRESIDENT	COLEMAN ANDERSON		ALAMEDA VISION, INC., P.A. 1155 POCATELLO CRK RD	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Janece Fowers		Date: 10/30/2017			
C 82836		Name (type or print): Janece Fowers		Title: Billing Manager			
Processed 10/30/2017 * Electronically provided signatures are accepted as original signatures.							