

No. W 157067		Due no later than Oct 31, 2018		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. SOUTHERN IDAHO OPHTHALMOLOGY, PLLC JAMES M COOMBS 1415 PARK VIEW DR TWIN FALLS ID 83301		JAMES M COOMBS 1415 PARK VIEW DR TWIN FALLS ID 83301-8330			
				3. <u>New</u> 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	JAMES M COOMBS	1415	TWIN FALLS	ID	USA	83301-3250	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 157067		Signature: JAMES M COOMBS				Date: 08/28/2018	
		Name (type or print): JAMES M COOMBS				Title: Member	
Processed 08/28/2018		* Electronically provided signatures are accepted as original signatures.					