No. C 104638		Due no later than Jan 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed.		3293 N MIL\	DANIEL R BOESPFLUG 3293 N MILWAUKEE			
		BOISE VISION CARE, P.A. DANIEL R BOESPFLUG 3293 N MILWAUKEE ST BOISE ID 83704			BOISE ID 83704 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	lames and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DANIEL R B	OESPFLUG	3293 N MILWAUKEE ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 104638		Signature: Da		Date: 11/16/2015				
		Name (type o		Title: President				
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.						