No. <b>C 104638</b>		Due no later than Jan 31, 2017		2. Registered /	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.  BOISE VISION CARE, P.A.  DANIEL R BOESPFLUG  3293 N MILWAUKEE ST  BOISE ID 83704		2202 NI MATU	DANIEL R BOESPFLUG 3293 N MILWAUKEE BOISE ID 83704  3. New Registered Agent Signature:*			
				BOISE ID				
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: 11/28/2016				
		Name (type or		Title: Director				
Processed 11/28/2016		* Electronically provided signatures are accepted as original signatures.						