

No. <b>C 103937</b>		<b>Due no later than Nov 30, 2010</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> TETON RETINAL INSTITUTE, P.A. DARRYL G MOFFETT JR 3544 EAST 17TH STREET SUITE 105 AMMON ID 83406 USA		DARRYL G MOFFETT JR 3544 EAST 17TH STREET SUITE 105 AMMON ID 83406					
				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	
DIRECTOR	DARRYL G MOFFETT JR	3544 EAST 17TH STREET SUITE 105			AMMON	ID	USA	83406	
5. Organized Under the Laws of:  <b>ID C 103937</b>		6. Annual Report must be signed.* Signature: Darryl Moffett Name (type or print): Darryl Moffett Date: 12/01/2010 Title: Director							
Processed 12/01/2010		* Electronically provided signatures are accepted as original signatures.							