No. <b>C 44265</b> Return to:	Due no later than Sep 30, 2014 Annual Report Form	Registered Agent and Office (NOT A P.O. BOX)  ARTHUR G OSTERBERG
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. AFFILIATED IDAHO OPTOMETRISTS, INC. ARTHUR OSTERBERG P. O. BOX 1034 OROFINO ID 83544	162 B RIVERSIDE AVE. OROFINO ID ID 83544
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
U. PRES TRIA	Name Street or PO Address City Todhunter 1039 212 ST Lewis 14 Rogans 1039 " TOSTERBERG - P.O.By 1034 OK	STOWIND USA 83501
5. Organized Under the La IDAHO C 44265	Signature:  Name (type or print):	Date:    Date:     Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Dat
Issued 07/16/2014 by DK1		128882