

No. <b>C 182559</b>		<b>Due no later than Mar 31, 2017</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> COMPLETE FAMILY EYE CARE, P.A. CODY E JONES 720 N. MERIDIAN ST. SUITE A BLACKFOOT ID 83221		NATALIE JONES 351 W. 300 N. BLACKFOOT ID 83221			
				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	
SECRETARY	CODY E. JONES	351 W. 300 N.	BLACKFOOT	ID	USA	83221	
DIRECTOR	CODY E JONES	351 W. 300 N.	BLACKFOOT	ID	USA	83221	
TREASURER	CODY E JONES	351 W. 300 N.	BLACKFOOT	ID	USA	83221	
PRESIDENT	CODY E JONES	351 W. 300 N.	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:  <b>ID C 182559</b>		6. Annual Report must be signed.* Signature: Cody Jones Name (type or print): Cody Jones Date: 03/04/2017 Title: President					
Processed 03/04/2017		* Electronically provided signatures are accepted as original signatures.					