No. C 94146		Due no later than Jan 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DE DE KAREN SINES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		 Mailing Address: Correct in this box if needed. 			1814 LINCOLN WAY COEUR D'ALENE ID 83814			
		NORTH IDAHO CATARACT & LASER CENTER, INC. DE DE KAREN SINES 1814 LINCOLN WAY		COLOR D'ALLI				
		COEUR D'ALENE ID 83814		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT D JUSTIN ST		FORMOGIPSON	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
		ADDEUS BUCKLAND III	1814 LINCOLN WAY	COEUR D'ALENE		USA	83814	
DIRECTOR ALISON M C			1814 LINCOLN WAY	COEUR D ALENE		USA	83814	
DIRECTOR DAVID DANC			1814 LINCOLN WAY	COEUR D ALENE		USA	83814	
DIRECTOR	SARA DUKE		1814 LINCOLN WAY	COEUR D ALENE	ID ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ben Gaby		Date: 01/1	Date: 01/18/2018			
C 94146		Name (type or print): Ben Gaby		Title: Exec	Title: Executive Director			
Processed 01/18/2018 * Electronically provided signatures are accepted as original signatures.								