

No. <b>C 168817</b>		<b>Due no later than Sep 30, 2016</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>  NORTH IDAHO EYE CLINICS, INC. BRIAN R MILLER 6616 BUFFALO GRASS LN RATHDRUM ID 83858		SCOTT L POORMAN 8884 N GOVERNMENT WAY STE D HAYDEN ID 83835			
						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	BRIAN R MILLER	15630 N HWY 41	RATHDRUM	ID	USA	83858	
TREASURER	BRIAN R MILLER	6616 BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858	
SECRETARY	KASI O MILLER	6616 BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858	
PRESIDENT	BRIAN R MILLER	6616 BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858	
5. Organized Under the Laws of:  <b>ID</b> <b>C 168817</b>		6. Annual Report must be signed.*  Signature: Brian Miller Name (type or print): Brian Miller					
		Date: 07/28/2016 Title: President					
Processed 07/28/2016		* Electronically provided signatures are accepted as original signatures.					