

No. C 150805	Due no later than Sep 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT B WAYMENT 316 EDWARDS DR TWIN FALLS ID 83301																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SCOTT B. WAYMENT, O.D., P.A. SCOTT B WAYMENT 316 EDWARDS DR TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Scott Wayment</td> <td>316 Edwards Dr</td> <td>Twin Falls</td> <td>Id</td> <td>Twin Falls</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Heather Wayment</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Scott Wayment	316 Edwards Dr	Twin Falls	Id	Twin Falls	83301	Secretary	Heather Wayment	"	"	"	"	"
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																		
President	Scott Wayment	316 Edwards Dr	Twin Falls	Id	Twin Falls	83301																		
Secretary	Heather Wayment	"	"	"	"	"																		
5. Organized Under the Laws of: IDAHO C 150805	6. Signature: <u>Scott B Wayment, OD</u> Date: <u>10-23-12</u> Name (type or print): <u>Scott B. Wayment, OD</u> Title: <u>President</u>																							

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM