No. **C 114120**	**Due no later than Mar 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MERRELL EYECARE CENTER, P.A. (THE) MARSHALL MERRELL 3762 PORTER LN REXBURG ID 83440	MARSHALL MERRELL 3762 PORTER LN REXBURG ID 83440 3. New 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
PRESIDENT	MARSHALL H MERRELL	3762 PORTER LN	REXBURG	ID	USA	83440
SECRETARY	JAN S MERRELL	3762 PORTER LN	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 114120**	Signature: Jan Merrell	Date: 01/31/2014
	Name (type or print): Jan Merrell	Title: Secretary

Processed 01/31/2014

* Electronically provided signatures are accepted as original signatures.