

No. C 103937		Due no later than Nov 30, 2011		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. TETON RETINAL INSTITUTE, P.A. DARRYL G MOFFETT JR 3544 EAST 17TH STREET SUITE 105 AMMON ID 83406 USA		DARRYL G MOFFETT JR 3544 EAST 17TH STREET SUITE 105 AMMON ID 83406					
				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	DARRYL G MOFFETT JR	3544 EAST 17TH STREET SUITE 105			AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID C 103937		6. Annual Report must be signed.* Signature: Darryl Moffett Name (type or print): Darryl Moffett Date: 09/12/2011 Title: Director							
Processed 09/12/2011		* Electronically provided signatures are accepted as original signatures.							