

No. <b>W 109226</b>		<b>Due no later than Dec 31, 2016</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>Annual Report Form</b>		DUSTIN J JONES 1301 MAIN ST STE 10 SALMON ID 83467-8346			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		SALMON RIVER VISION CLINIC, PLLC DUSTIN J JONES 1301 MAIN STREET SUITE 10 SALMON ID 83467					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	DUSTIN J JONES	1301 MAIN STREET, SUITE 10	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 109226</b>		Signature: Dustin J Jones			Date: 02/06/2017		
		Name (type or print): Dustin J Jones			Title: Owner		
Processed 02/06/2017		* Electronically provided signatures are accepted as original signatures.					