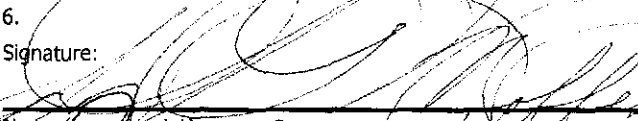


No. C 103937	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX)																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TETON RETINAL INSTITUTE, P.A. DARRYL G MOFFETT JR 3544 EAST 17TH STREET SUITE 105 AMMON ID 83406		DARRYL G MOFFETT JR 3544 EAST 17TH STREET SUITE 105 AMMON ID 83406																					
	3. <u>New</u> Registered Agent Signature.																							
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>Darryl G. Moffett Jr.</td><td>3544 East 17th Street Ste 105</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>Ammon ID 83406</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	Darryl G. Moffett Jr.	3544 East 17th Street Ste 105							Ammon ID 83406				
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president	Darryl G. Moffett Jr.	3544 East 17th Street Ste 105																						
		Ammon ID 83406																						
5. Organized Under the Laws of: IDAHO C 103937	6. Signature:  Name (type or print): <u>D. G. Moffett Jr.</u>			Date: <u>3/4/17</u> Title: <u>President</u>																				
Issued 03/09/2017 by online																								