

No. <b>W 38536</b>		<b>Due no later than Apr 30, 2014</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>  <b>1. Mailing Address: Correct in this box if needed.</b>  NORTHWEST EYE & LASER CENTER, PLLC DR MARK J BOERNER 111 MAIN ST STE 200 BOISE ID 83702 USA		DR MARK BOERNER 111 MAIN ST STE 200 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
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	
MEMBER	DR MARK BOERNER	111 MAIN ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 38536</b>		Signature: Mark Boerner M.D.				Date: 02/18/2014	
		Name (type or print): Mark Boerner M.D.				Title: Owner	
Processed 02/18/2014		* Electronically provided signatures are accepted as original signatures.					