

No. W 38536

Due no later than April 30, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

DR MARK BOERNER
111 MAIN ST
BOISE, ID 83702

3. New Registered Agent Signature

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTHWEST EYE & LASER CENTER, PLLC
DR MARK BOERNER
111 MAIN ST STE 200
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Mark J Boerner	111 Main St Ste 200	Boise	ID	83702

5. Organized Under the Laws of:
IDAHO
W 38536

6.

Signature

Date

Name (Typed or Printed)

Title

Do Not Tape or Staple

Issued 02/01/2008

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