No. **C 155429**	**Due no later than Jul 31, 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.** MADISON CLINIC OPTOMETRY, P.C. DALLIN HEINER 244 E MAIN REXBURG ID 83440 USA	DALLIN HEINER 244 E MAIN REXBURG ID 83440 3. New 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
PRESIDENT	DALLIN HEINER	244 E MAIN	REXBURG	ID	USA	83440-2022

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 155429**	Signature: Dallin Heiner	Date: 06/02/2011
	Name (type or print): Dallin Heiner	Title: President

Processed 06/02/2011

* Electronically provided signatures are accepted as original signatures.