

No. C 183215		Due no later than May 31, 2010 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. DR. PAUL E. KOCH, OPTOMETRIST, P.C. PAUL E. KOCH 476999 HWY 95 NORTH PONDERAY ID 83852 USA		DR PAUL E KOCH 476999 HWY 95 NORTH PONDERAY ID 83852			
				3. <u>New</u> 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	PAUL E. KOCH	476999 HWY 95 NORTH	PONDERAY	ID	USA	83852	
5. Organized Under the Laws of: ID C 183215		6. Annual Report must be signed.* Signature: Paul E. Koch Name (type or print): Paul E. Koch Date: 03/16/2010 Title: President					
Processed 03/16/2010		* Electronically provided signatures are accepted as original signatures.					