




No. C121084	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct. If Not Correct		B J MCGOURTY 218-12 AVE RD NAMPA ID 83686																		
	EYE CARE ASSOCIATES OF NAMPA 218-12 AVE RD NAMPA ID 83686		3. Organized Under the Laws of: ID C121084																		
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>pres./</td> <td>Brian J. McGourty, D.D.</td> <td>21812th Ave Rd</td> <td>Nampa</td> <td>IL</td> <td>83686</td> </tr> <tr> <td>sec.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	pres./	Brian J. McGourty, D.D.	21812th Ave Rd	Nampa	IL	83686	sec.				
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sec.																					
5. Signature of New Registered Agent	6. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/15/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>B.J. McGourty D.D.</td> <td>Title</td> <td>pres./sec.</td> </tr> </table>				Signature		Date	7/15/99	Name (Typed or Printed)	B.J. McGourty D.D.	Title	pres./sec.									
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ISSUED: 07-03-1999			18858																		