No. C 94146		Due no later than Jan 31, 2008		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DE DE KAREN SINES 1814 LINCOLN WAY COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTH IDAHO CATARACT & LASER CENTER, INC. DE DE KAREN SINES 1814 LINCOLN WAY COEUR D'ALENE ID 83814		NAME OF THE PARTY				
				3. <u>New</u> Registered				
RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pro	esident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	D JUSTIN STORMOGIPSON		1814 LINCOLN WAY	COEUR D ALENE	ID	USA	83814	
SECRETARY	STEPHEN M	OSS	1814 LINCOLN WAY	COEUR D ALENE	ID	USA	83814	
DIRECTOR	RECTOR RODERICK K		1814 LINCOLN WAY	COEUR D ALENE	ID	USA	83814	
PRESIDENT	PATRICK PA	RDEN	1814 LINCOLN WAY	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of: 6. An		6. Annual Report must be signed.*						
ID		Signature: DeDe Karen Sines		1	Date: 12/18/2007			
C 94146		Name (type or print): DeDe Karen Sines		Т	Title: Administrator			
Processed 12/18/2007		* Electronically prov	ided signatures are accepted as origina	l signatures.				