No. <b>C 121085</b>		Due no later than Oct 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		J W VAIL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	EYE C	1. Mailing Address: Correct in this box if needed.  EYE CARE ASSOCIATES OF COLE VILLAGE, P.A.  JAMES W VAIL  3417 N COLE RD  BOISE ID 83704  USA		3417 N COLE RD BOISE ID 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names an	d Business Addre	resses of President, Secretary, and Directors. Treasurer	r (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY TODE	J MCGOURTY D WINBIGLER S W VAIL		NAMPA BOISE BOISE	ID ID ID	USA USA USA	83651 83706 83704-4406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID	Signa	Signature: James Vail Date: 08/11/2009					
C 121085	Name	e (type or print): James Vail	Title: President				
Processed 08/11/2009	* Electronically provided signatures are accepted as original signatures.						