No. <b>C 79419</b>		Due no later than Sep 30, 2014	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOHN H. MUTO, O.D.  1175 W. BOISE AVENUE BOISE ID 83706  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO EYI MARY ANN 1175 W. E	1. Mailing Address: Correct in this box if needed.  IDAHO EYECARE CENTER, P.A.  MARY ANN MUTO  1175 W. BOISE AVENUE  BOISE ID 83706  USA					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	l Business Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
Transport Control Cont	ANN MUTO H MUTO	3146 N. 24TH WAY 3146 N. 24TH WAY	BOISE BOISE	ID ID	USA USA	83702 83702	
5. Organized Under the Laws of:	6. Annual Re	6. Annual Report must be signed.*					
ID C 79419		Signature: Mary Ann Muto Name (type or print): Mary Ann Muto		Date: 07/14/2014 Title: Secretary			
Processed 07/14/2014	* Electronically provided signatures are accepted as original signatures.						