

No. C 106981	Due no later than Jul 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. ELMORE COUNTY EYECARE, PA NATHAN PRICE 855 W 6TH S MOUNTAIN HOME ID 83647	NATHAN PRICE 855 W 6TH S MOUNTAIN HOME ID 83647 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
DIRECTOR	JEFFREY E GIBBONS	876 NE TANAGER	MOUNTAIN HOME	ID	USA	83647
SECRETARY	JENNIFER J PRICE	1720 NORTH 4TH EAST	MOUNTAIN HOME	ID	USA	83647
PRESIDENT	NATHAN C PRICE	1720 NORTH 4TH EAST	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of: ID C 106981	6. Annual Report must be signed.* Signature: Nathan Price Name (type or print): Nathan Price		Date: 07/29/2010 Title: President			
Processed 07/29/2010		* Electronically provided signatures are accepted as original signatures.				