

No. C 73462	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. IDAHO EYE CENTER, P.A. MARK FULLER PO BOX 50935 IDAHO FALLS ID 83405-0935		MARK R FULLER 410 MEMORIAL DR. STE. 201 IDAHO FALLS ID 83402			
			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
SECRETARY	CRAIG BATES	2025 E. 17TH STREET	IDAHO FALLS	ID	USA	83404
PRESIDENT	BRADLEY P GARDNER	2025 E. 17TH STREET	IDAHO FALLS	ID	USA	83404
TREASURER	CRAIG BATES	2025 E. 17TH STREET	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 73462	6. Annual Report must be signed.*					
		Signature: Mark R.Fuller	Date: 09/23/2010			
		Name (type or print): Mark R.Fuller	Title: Registered Agent			
Processed 09/23/2010		* Electronically provided signatures are accepted as original signatures.				