

No. C 182559		Due no later than Mar 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. COMPLETE FAMILY EYE CARE, P.A. CODY E JONES 34 SE MAIN ST STE 101 BLACKFOOT ID 83221-5094		NICK M STALEY 285 N W MAIN BLACKFOOT ID 83221			
				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	KELLI D JONES	181 N. 800 W.	BLACKFOOT	ID	USA	83221	
DIRECTOR	CODY E JONES	181 N. 800 W.	BLACKFOOT	ID	USA	83221	
DIRECTOR	CODY E JONES	181 N. 800 W.	BLACKFOOT	ID	USA	83221	
PRESIDENT	CODY E JONES	181 N. 800 W.	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID C 182559		6. Annual Report must be signed.* Signature: Cody Jones Name (type or print): Cody Jones Date: 01/21/2011 Title: President					
Processed 01/21/2011		* Electronically provided signatures are accepted as original signatures.					