

No. **C 42829**Due no later than **September 30, 2005**

## Annual Report Form

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

## 1. Mailing Address - Correct in this box, if applicable

EYE PHYSICIANS OF IDAHO, P.A.  
1615 12TH AVENUE ROAD  
NAMPA, ID 836512. Registered Agent and Office **NO PO BOX**PETER ERNEST JENSEN  
626 VIEW WAY  
NAMPA, ID 83686**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Peter E Jensen	626 View Way	Nampa	ID	83686
Sec.	Jorge A. Martinez	1615- 12th Ave Rd. Ste B	"	"	"

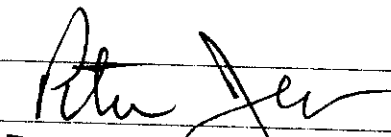
5. Organized Under the Laws of:

IDAHO  
C 42829

6.

Signature

Name

(Type or  
Print)  
Peter Jensen

Date

7/14/08

Title

Pres.

Issued 07/05/2005

Do Not Tape or Staple

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