

No. W 3206

Due no later than December 31, 2008
Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

ELLENBECKER EYE CLINIC, P.L.L.C.
WAYNE D ELLENBECKER, O.D.
~~4250 IRONWOOD DR STE 201~~
COEUR D'ALENE, ID 83814
2140 Riverstone Drive, Suite 101

2. Registered Agent and Office NO PO BOX

WAYNE D ELLENBECKER, O.D.
~~4250 IRONWOOD DR STE 201~~
COEUR D'ALENE, ID 83814
2140 Riverstone Drive, Suite 101

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Gen Ptnr.	Wayne D. Ellenbecker	2140 Riverstone Dr, Ste 101	Coeur d'Alene	ID	83814
Gen Ptnr.	Cindy L. Ellenbecker	2140 Riverstone Dr, Ste 101	Coeur d'Alene	ID	83814

5. Organized Under the Laws of:

IDAHO
W 3206

6.

Signature

Wayne D. Ellenbecker

Date

10/13/08

Name

(Typed or Printed)

Wayne D. Ellenbecker

Title

Owner/Gen Ptnr

Issued 10/01/2008

Do Not Tape or Staple

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