FILED EFFECTIVE

No. C 42829	Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2008	2. Registered Agent and Office (NOT A P.O. BOX) PETER ERNEST JENSEN 626 VIEW WAY NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. EYE PHYSICIANS OF IDAHO, P.A. 1615 12TH AVENUE ROAD NAMPA ID 83651	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Peter E Jensen	626 View Way	Nampa	ID	USA	83686
Secretary	Jorge A. Martinez	1615 12th Ave Rd.	Nampa	ID	USA	83686

5. Organized Under the Laws of:	6.
IDAHO C 42829	X Signature: Peter E Jensen Date: 12-18-08 Name (type or print): Peter E Jensen MD Title: president

Issued 12/16/2008 by NLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** **Do not** put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.