No. C 121084		Due no later than Oct 31, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		B J MCGOURTY				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	EYE CARE AS	1. Mailing Address: Correct in this box if needed. EYE CARE ASSOCIATES OF NAMPA, P.A. BRIAN J MCGOURTY 310 2ND ST S NAMPA ID 83651		310 2ND ST S NAMPA ID 83686 3. New Registered Agent Signature:*				
BOISE, ID 83720-0080	310 2ND ST NAMPA ID							
NO FILING FEE IF USA RECEIVED BY DUE DATE								
4. Corporations: Enter Names and E	usiness Addresses o	f President, Secretary, and Directors. Tre	easurer (o	ptional).				
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT BRIAN J MCGOURTY 310		310 2ND ST S		NAMPA	ID	USA	83651	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*						
l ID	Signature: E	Signature: B J McGourty OD		Date: 11/13/2009				
C 121084 Name (type or print): B J M		or print): B J McGourty OD		Title: Brian J McGourty, O.D.				
Processed 11/13/2009	* Electronically	* Electronically provided signatures are accepted as original signatures.						