

No. <b>C 145030</b>		<b>Due no later than Aug 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  NIELSON EYE CARE PROFESSIONALS, P.C. RYAN E NIELSON 2320 E GALA STE 400 MERIDIAN ID 83642		RYAN E NIELSON 2320 GALA #400 MERIDIAN ID 83642			
						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	
PRESIDENT	ANA D NIELSON	2320 E GALA #400	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:  <b>ID</b> <b>C 145030</b>		6. Annual Report must be signed.*  Signature: Ana Nielson Name (type or print): Ana Nielson					
		Date: 06/18/2009 Title: President					
Processed 06/18/2009      * Electronically provided signatures are accepted as original signatures.							