No. <b>W 11394</b>		Due no later than Mar 31, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOSEPH H UBERUAGA II 1111 W JEFFERSON SUITE 530 BOISE ID 83702				
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		EAGLE EYE SURGERY AND LASER CENTER, P.L.L.C. LINDI ARCHER 3090 GENTRY WAY STE 100						
		MERIDIAN ID 83642		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER GREG KENT M		MD	3090 E GENTRY WAY STE 100	MERIDIAN	ID	USA	83642	
MANAGER MARK BORU		P MD	3090 E GENTRY WAY STE 100	MERIDIAN	ID	USA	83642	
MANAGER	LARRY ANDERSON MD		3090 E. GENTRY WAY STE 100	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 11394		Signature: Richard Butler		Date: 01/25/2010				
		Name (type or p	Title: Mgr.					
Processed 01/25/2010		* Electronically provided signatures are accepted as original signatures.						