No. **C 180163**	**Due no later than Sep 30, 2011**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** FAMILY EYE CENTER, P.A. RANDY NORRIS PO BOX 4590 MCCALL ID 83638 USA	RANDY NORRIS OD 319 DEINHARD LANE MCCALL ID 83638 3. New 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	BEN J JUDSON	PO BOX 4590	MCCALL	ID	USA	83638
PRESIDENT	RANDY NORRIS	PO BOX 4590	MCCALL	ID	USA	83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 180163**	Signature: Frances Miller	Date: 07/14/2011
	Name (type or print): Frances Miller	Title: Bookkeeper

Processed 07/14/2011

* Electronically provided signatures are accepted as original signatures.