

No. C 180163		Due no later than Sep 30, 2010		Annual Report Form				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		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. <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	RANDY NORRIS	PO BOX 4590	MCCALL	ID	USA	83638			
5. Organized Under the Laws of: ID C 180163		6. Annual Report must be signed.* Signature: Randy Norris, OD Name (type or print): Randy Norris, OD				Date: 07/08/2010 Title: Owner			
Processed 07/08/2010		* Electronically provided signatures are accepted as original signatures.							