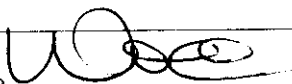


No. W 19278	Due no later than May 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX WILLIAM T BLACK 420 E ELM ST CALDWELL, ID 83605
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable FAMILY EYECARE SPECIALISTS, PLLC WILLIAM T BLACK 420 E ELM ST CALDWELL, ID 83605	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	William T BLACK	420 E ELM	Caldwell	ID	83605

5. Organized Under the Laws of: IDAHO W 19278	6. Signature  Date <u>3/16/04</u> Name <small>(Type or Printed)</small> <u>William BLACK</u> Title <u>owner</u>
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