| No. C 169102 | | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|----------------------|------------------|---|---------|-------------|--|
| Return to: | Annual Report Form | | | KENYON ANDERSON 2540 CHANNING IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. KEEN EYE FAMILY VISION, P.A. KENYON ANDERSON OD 2540 CHANNING WAY IDAHO FALLS ID 83404 | | IDAHO FALLS | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | 15/11/01/12/2 | | | | | | |
| 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 KENYON B ANDERSON 2540 CHANNING WAY | | 2540 CHANNING WAY | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: K | | Date: 10/08/2007 | | | | |
| C 169102 | Name (type or print): Kenyon Anderson | | | Title: President | | | |
| Processed 10/08/2007 | * Electronically provided signatures are accepted as original signatures. | | | | | | |