

No. C 96437

Due no later than October 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PANHANDLE EYE CLINICS, CHARTERED
ROBERT D MAGWIRE
704 COLLEGE AVE.
ST. MARIES, ID 83861ROBERT D MAGWIRE
2312 CROMWELL DR
ST MARIES, ID 83861NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRES.	ROBERT MAGWIRE	704 COLLEGE AVE	ST. MARIES	ID	83861
SEC/TREAS	BARBARA MAGWIRE	2312 CROMWELL DR.	ST. MARIES	ID	83861

5. Organized Under the Laws of:
IDAHO
C 96437

6.

Signature

Barbara Magwire

Date

8-21-08

Name

(Typed or
Printed)

BARBARA MAGWIRE

Title

SEC/TREAS