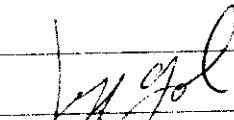


No. W 25707	Due no later than August 31, 2005		2. Registered Agent and Office: NO PO BOX		
Annual Report Form		1. Mailing Address - Correct in this box, if applicable			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	FAMILY VISION CLINIC, P.L.L.C. 7979 W RIFLEMAN ST BOISE, ID 83704		JEFFREY C JOHNSON 7979 W RIFLEMAN ST BOISE, ID 83704 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>
	Owner	Jeffrey C Johnson	7979 W Rifleman St	Boise	ID 83704
5. Organized Under the Laws of: IDAHO W 25707		6. Signature  Name <small>(Type or Print)</small> Jeffrey C Johnson		Date <u>6-23-05</u> Title <u>owner</u>	

Issued 06/01/2005

Do Not Tape or Staple

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