

No. C 177639		Due no later than Mar 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTERNATIONAL EYE INSTITUTE, INC. KAREN SINES 1814 LINCON WAY COEUR D ALENE ID 83814		DR JUSTIN STORMOGIPSON 1814 LINCON WAY COEUR D'ALENE ID 83814		
				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
DIRECTOR	WILLIAM BELL	6000 E HOOKER HILL DRIVE	HAYDEN	ID	USA	83835
DIRECTOR	PULIN SHAH	1424 JEFFERSON AVE	NEW ORLEANS	LA	USA	70115
DIRECTOR	EDWARD T RILEY	3 RYAN COURT	STANFORD	CA	USA	94305
DIRECTOR	KENNA STORMOGIPSON	1440 10TH STREET	OAKLAND	CA	USA	94607
TREASURER	KAREN SINES	4773 E MOEN	HAYDEN LAKE	ID	USA	83835
PRESIDENT	JUSTIN STORMOGIPSON	310 S 13TH STREET	COEUR D ALENE	ID	USA	83814
DIRECTOR	PATRICK J PARDEN	2907 E PT. HAYDEN DRIVE	HAYDEN LAKE	ID	USA	83835
SECRETARY	ROSEMARY MARY SIBULSKY	2021 N 13TH STREET	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID C 177639		6. Annual Report must be signed.* Signature: Dr. Justin StormoGipson Name (type or print): Dr. Justin StormoGipson Date: 02/13/2012 Title: President				
Processed 02/13/2012		* Electronically provided signatures are accepted as original signatures.				