

No. C 94146		Due no later than Jan 31, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. NORTH IDAHO CATARACT & LASER CENTER, INC. DE DE KAREN SINES 1814 LINCOLN WAY COEUR D'ALENE ID 83814		DE DE KAREN SINES 1814 LINCOLN 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	D JUSTIN STORMOGIPSON	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
SECRETARY	STEPHEN MOSS	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	RODERICK KENT	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
PRESIDENT	PATRICK PARDEN	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	GOLDEN THADDEUS BUCKLAND III	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 94146		6. Annual Report must be signed.* Signature: Karen Sines Name (type or print): Karen Sines					
		Date: 02/10/2010 Title: Administrator					
Processed 02/10/2010		* Electronically provided signatures are accepted as original signatures.					