

No. C 176326		Due no later than Dec 31, 2009		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. OREGON TRAIL EYE CARE, PC JEFFREY P COLLINS PO BOX 54 GEORGETOWN ID 83239 USA		JEFFREY P COLLINS OD 152 S MAIN SODA SPRINGS ID 83276	
				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
PRESIDENT	JEFFREY P COLLINS	PO BOX 54	GEORGETOWN	ID	USA 83239
5. Organized Under the Laws of: ID C 176326		6. Annual Report must be signed.* Signature: Jeffrey P Collins Name (type or print): Jeffrey P Collins Date: 11/09/2009 Title: President			
Processed 11/09/2009		* Electronically provided signatures are accepted as original signatures.			