

No. W 3206	Due no later than December 31, 2007 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 ELLENBECKER EYE CLINIC, P.L.L.C. WAYNE D ELLENBECKER, O.D. 1250 IRONWOOD DR STE 201 COEUR D'ALENE, ID 83814		WAYNE D ELLENBECKER, O.D. 1250 IRONWOOD DR STE 201 COEUR D'ALENE, ID 83814																			
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Managers.																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Managing Partner</td> <td>Wayne D. Ellenbecker</td> <td>1250 Ironwood Dr, Ste 201</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Managing Partner</td> <td>Cheryl L. Ellenbecker</td> <td>1250 Ironwood Dr, Ste 201</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	Managing Partner	Wayne D. Ellenbecker	1250 Ironwood Dr, Ste 201	Coeur d'Alene	ID	83814	Managing Partner	Cheryl L. Ellenbecker	1250 Ironwood Dr, Ste 201	Coeur d'Alene	ID	83814				
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5. Organized Under the Laws of: IDAHO W 3206	6. Signature  Name (Type or Print) Wayne D. Ellenbecker, CD		Date 10/10/07 Title Managing Partner																			
200712006313																						

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Do Not Tape or Staple