

No. C 176326

Due no later than December 31, 2008
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

OREGON TRAIL EYE CARE, PC
~~PO BOX 54~~
~~GEORGETOWN, ID 83239~~JEFFREY P COLLINS OD
184 WEST FIRST ST
GEORGETOWN, ID 83239NO FILING FEE IF
RECEIVED BY DUE DATE152 S. Main
Soda Springs, ID 832763. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Jeffrey P. Collins, OD	184 West First St	Georgetown	ID	83239

5. Organized Under the Laws of:

IDAHO
C 176326

6.

Signature



Date 10-13-08

Name

(Typed or
Printed)

Jeffrey P. Collins, OD

Title

President

Issued 10/01/2008

Do Not Tape or Staple

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