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| No. C 121086 | Due no later than Oct 31, 2012 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. EYE CARE ASSOCIATES OF EASTGATE, P.A. ANGELA WINBIGLER 939 W. BEACON ST BOISE ID 83706 | T D WINBIGLER 939 W. BEACON ST. BOISE ID 83706 | |
| | | 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 |
| SECRETARY | ANGELA R WINBIGLER | 939 W. BEACON | BOISE ID USA 83706 |
| PRESIDENT | T D WINBIGLER | 939 W. BEACON ST | BOISE ID USA 83706 |
| 5. Organized Under the Laws of: ID C 121086 | 6. Annual Report must be signed.* Signature: Todd Name (type or print): Todd Date: 08/16/2012 Title: Winbigler | | |
| Processed 08/16/2012 | | * Electronically provided signatures are accepted as original signatures. | |