No. C 152029		and the second s
Return to:	Due no later than December 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4.	FAMILY VISION & EYE CARE, P.A. BILL R WILLIAMS PO BOX 615 RUPERT, ID 83350	BILL R WILLIAMS 714 G ST RUPERT, ID 83350 3. New Registered Agent Signature
President Bill Williams Severtry Toold Slus	mes and Business Addresses of President, Secreta Street or P.O. Address City 7/4 G SL / Ro Bus C (5 Ruper	ry and Directors. State Zip S330
	en e	The state of the s
5. Organized Under the Laws of: IDAHO C 152029	6. Signature Healt flow Name Printed Todal SISSE	Date
Issued 10/01/2008	Do Not Tape or Staple	200812003269