

No. C 165716	Due no later than Mar 31, 2010 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 GOTCHA COVERED, INC. TIM D PALMER 2736 RHYOLITE DR BOISE ID 83712	TIMOTHY D PALMER 2736 RHYOLITE DR BOISE ID 83712	
		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	TIM PALMER	2736 RHYOLITE	BOISE ID USA 83712
5. Organized Under the Laws of: ID C 165716	6. Annual Report must be signed.* Signature: Tim Palmer Name (type or print): Tim Palmer		Date: 01/20/2010 Title: Owner
Processed 01/20/2010		* Electronically provided signatures are accepted as original signatures.	