

No. C 181924		Due no later than Feb 28, 2011		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. LAKESIDE EYE CARE, P.C. JOHN L CALDERWOOD 312 N FOURTH ST COEUR D'ALENE ID 83814		JOHN CALDERWOOD 312 N FOURTH ST COEUR D'ALENE ID 83814			
				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	JOHN L CALDERWOOD	2544 W. DUMONT	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 181924		Signature: John Calderwood				Date: 12/16/2010	
		Name (type or print): John Calderwood				Title: Owner/President	
Processed 12/16/2010		* Electronically provided signatures are accepted as original signatures.					