




No. C 68289	Due no later than Nov 30, 2000 Annual Report Form	2. Registered Agent and Office 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 applicable PAYETTE VISION CLINIC, P.A. DANIEL E IWASA 915 THIRD AVE N PAYETTE, ID 83661	DANIEL E IWASA 915 THIRD AVENUE NORTH PAYETTE, ID 83661 3. New Registered Agent Signature																	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>DANIEL E IWASA</td> <td>915 3RD AVENUE</td> <td>Payette</td> <td>ID</td> <td>83661</td> </tr> <tr> <td>Secretary</td> <td>Yvonne Iwasa</td> <td>915 3RD AVENUE</td> <td>Payette</td> <td>ID</td> <td>83661</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	DANIEL E IWASA	915 3RD AVENUE	Payette	ID	83661	Secretary	Yvonne Iwasa	915 3RD AVENUE	Payette	ID	83661
Office held	Name	Street or P.O. Address	City	State	Zip															
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Secretary	Yvonne Iwasa	915 3RD AVENUE	Payette	ID	83661															
5. Organized Under the Laws of: IDAHO C 68289	6. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td></td> <td>9/20/2000</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title:</td> </tr> <tr> <td>DANIEL E IWASA</td> <td>President</td> </tr> <tr> <td></td> <td>XXXX</td> </tr> </table>		Signature	Date		9/20/2000	Name (Typed or Printed)	Title:	DANIEL E IWASA	President		XXXX								
Signature	Date																			
	9/20/2000																			
Name (Typed or Printed)	Title:																			
DANIEL E IWASA	President																			
	XXXX																			

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