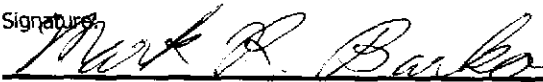
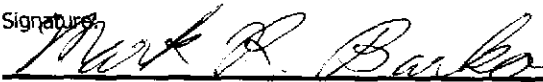
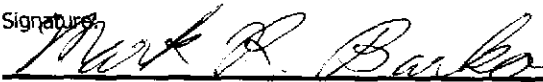


mailed 1-5-2015

No. C 137650	Due no later than Feb 28, 2015 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MARK R. BARKER, O.D., P.C. MARK R BARKER PO BOX U BONNERS FERRY ID 83805-1280 USA	MARK R BARKER 7177 MAIN STREET BONNERS FERRY ID 83805-1280																					
		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>CEO</td><td>MARK R BARKER</td><td>P.O. Box Bonners Ferry ID</td><td></td><td></td><td></td><td>83805</td></tr><tr><td>Sac / Treasurer</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> <p style="text-align: right;">DR. MARK R. BARKER OPTOMETRIST P.O. BOX U 267-2020 BONNERS FERRY, IDAHO 83805</p> <p style="text-align: center;">5-022</p>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	CEO	MARK R BARKER	P.O. Box Bonners Ferry ID				83805	Sac / Treasurer						
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5. Organized Under the Laws of: IDAHO C 137650	6. <table border="1"><tr><td>Signature: </td><td>Date: 1-2-15</td></tr><tr><td>Name (type or print): MARK R. BARKER</td><td>Title: owner, CEO</td></tr></table>		Signature: 	Date: 1-2-15	Name (type or print): MARK R. BARKER	Title: owner, CEO																	
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