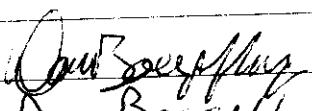


No. C 104638	Due no later than January 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX DANIEL R BOESPFLUG 3293 N MILWAUKEE BOISE, ID 83704												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BOISE VISION CARE, P.A. DANIEL R BOESPFLUG 3293 N MILWAUKEE ST BOISE, ID 83704	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Dan Boespflug</td> <td>3293 N. Milwaukee</td> <td>Boise</td> <td>Id.</td> <td>83704</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Dan Boespflug	3293 N. Milwaukee	Boise	Id.	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Dan Boespflug	3293 N. Milwaukee	Boise	Id.	83704									
5. Organized Under the Laws of: IDAHO C 104638	6. Signature  Date <u>11-8-04</u> Name <small>Type or (Printed)</small> <u>Dan Boespflug</u> Title <u>President</u>													