

No. C 106981		Due no later than Jul 31, 2012 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. ELMORE COUNTY EYECARE, PA NATHAN PRICE 855 W 6TH S MOUNTAIN HOME ID 83647		NATHAN PRICE 855 W 6TH S MOUNTAIN HOME ID 83647			
						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	
DIRECTOR	JEFFREY E GIBBONS	876 NE TANGER	MOUNTAIN HOME	ID	USA	83647	
SECRETARY	JENNIFER J PRICE	1720 NORTH 4TH EAST	MOUNTAIN HOME	ID	USA	83647	
PRESIDENT	NATHAN C PRICE	1720 NORTH 4TH EAST	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of: ID C 106981		6. Annual Report must be signed.* Signature: Nathan Price Name (type or print): Nathan Price					
		Date: 07/26/2012 Title: President					
Processed 07/26/2012 * Electronically provided signatures are accepted as original signatures.							