

No. W 47609	Due no later than Feb 28, 2010 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. JENSEN EYE ASSOCIATES, PLLC JOHANNA M JENSEN 1615 12TH AVE RD STE A NAMPA ID 83686		JOHANNA M JENSEN 1615 12TH AVE RD STE A NAMPA ID 83686			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	PETER E JENSEN MD	626 VIEW WAY	NAMPA	ID	USA	83686
MEMBER	JOHANNA M JENSEN MD	7355 PIMLICO WAY	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID W 47609	6. Annual Report must be signed.* Signature: Johanna M Jensen Name (type or print): Johanna M Jensen		Date: 12/18/2009 Title: President			
Processed 12/18/2009		* Electronically provided signatures are accepted as original signatures.				