

No. C 152029		Due no later than Dec 31, 2017 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. FAMILY VISION & EYE CARE, P.A. TODD G SLUSSER PO BOX 615 RUPERT ID 83350		TODD G SLUSSER 714 G ST RUPERT ID 83350			
						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	
PRESIDENT	TODD G SLUSSER	PO BOX 615 714 G ST	RUPERT	ID	USA	83350	
SECRETARY	CORINNE B SLUSSER	PO BOX 615 714 G ST	RUPERT	ID	USA	83350	
5. Organized Under the Laws of: ID C 152029		6. Annual Report must be signed.* Signature: Todd Slusser Name (type or print): Todd Slusser					
Processed 11/12/2017		* Electronically provided signatures are accepted as original signatures. Date: 11/12/2017 Title: President					