

No. W 3206 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Dec 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable ELLENBECKER EYE CLINIC, P.L.L.C. WAYNE D ELLENBECKER, O.D. 1250 IRONWOOD DR STE 201 COEUR D'ALENE, ID 83814	2. Registered Agent and Office NO PO BOX WAYNE D ELLENBECKER, O.D. 1250 IRONWOOD DR STE 201 COEUR D'ALENE, ID 83814 3. <u>New</u> Registered Agent Signature
---	---	---

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Wayne D. Ellenbecker, OD	1250 Ironwood Dr, Ste 201	Coeur d'Alene	ID	83814
Member	Cindy L. Ellenbecker, OD	1250 Ironwood Dr, Ste 201	Coeur d'Alene	ID	83814

5. Organized Under the Laws of: IDAHO W 3206	6. Signature: <u>Wayne D. Ellenbecker, OD</u> Date: <u>10/11/00</u> Name (Typed or Printed): <u>Wayne D. Ellenbecker, OD</u> Title: <u>Optometrist/Member</u> XXXX
--	--

Issued 10/02/2000

Do Not Tape or Staple

4355