

No. C 152029		Due no later than Dec 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY VISION & EYE CARE, P.A. BILL R WILLIAMS PO BOX 615 RUPERT ID 83350		BILL R WILLIAMS 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	
SECRETARY	TODD G SLUSSER	PO BOX 615 714 G ST	RUPERT	ID	USA	83350	
PRESIDENT	BILL R WILLIAMS	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: Corinne B. Slusser Name (type or print): Corinne B. Slusser Date: 10/21/2009 Title: Bookkeeper					
Processed 10/21/2009		* Electronically provided signatures are accepted as original signatures.					