

No. <b>C 152029</b>		<b>Due no later than Dec 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		BILL R WILLIAMS 714 G ST RUPERT ID 83350			
		<b>1. Mailing Address: Correct in this box if needed.</b> FAMILY VISION & EYE CARE, P.A. BILL R WILLIAMS PO BOX 615 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:  <b>ID C 152029</b>		6. Annual Report must be signed.* Signature: Corinne Slusser Name (type or print): Corinne Slusser Date: 10/19/2010 Title: Bookkeeper					
Processed 10/19/2010		* Electronically provided signatures are accepted as original signatures.					