

No. C 180163		Due no later than Sep 30, 2015 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 EYE CENTER, P.A. RANDY NORRIS 395 S 16TH STREET PAYETTE ID 83661 USA		RANDY NORRIS OD 395 S 16TH STREET PAYETTE ID 83661			
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	RANDY NORRIS	395 S 16TH STREET	PAYETTE	ID	USA	83661	
PRESIDENT	BEN J JUDSON	395 S 16TH STREET	PAYETTE	ID	USA	83661	
5. Organized Under the Laws of: ID C 180163		6. Annual Report must be signed.* Signature: Randy H Norris, OD Name (type or print): Randy H Norris, OD					
		Date: 10/13/2015 Title: President					
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.					